

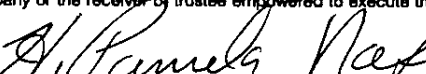


FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000087259			
1. Entity Name EAGAN-NAFF LLC			
Principal Place of Business 159 COCO PALM DR. VENICE, FL 34292		Mailing Address 159 COCO PALM DR. VENICE, FL 34292	
DO NOT WRITE IN THIS SPACE			
		04162008No Chg-LLC CR2E083 (12/07)	
		4. FEI Number 22-3904695 Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAFF, H. PAMELA 159 COCO PALM DR. VENICE, FL 34292		DO NOT WRITE IN THIS SPACE	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		U000000913230 05/08/08-80007-024 143.75	
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NAFF, H. PAMELA 159 COCO PALM DR. VENICE, FL 34292		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		04/16/08 941-480-927	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	