

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000088372



1. Company Name
 EAGR, LLC

2. Principal Place of Business
 ARTHUR GODFREY ROAD
 MIAMI BEACH, FL 33140

3. Mailing Address
 10830 SW 113 PLACE
 MIAMI, FL 33176



4. Principal Place of Business

5. Mailing Address

6. Suite, Apt. #, etc.

7. Suite, Apt. #, etc.

01162006 Chg-LLC CR2E083 (11/05)

8. City & State

9. City & State

4. FEI Number
 20-1977692

Applied For
 Not Applicable

Country

Zip

Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMKINS, MICHAEL
 1 SE 3RD AVENUE, 28TH FLOOR
 MIAMI, FL 33131

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

I, 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

MANAGING MEMBERS/MANAGERS	ADDITIONS/CHANGES
DIR SIMKINS, MICHAEL 1 SE 3RD AVENUE, 28TH FLOOR MIAMI, F 33131	<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Delete	U0000033841 <input type="checkbox"/> Change <input type="checkbox"/> Add 01/30/06-80093-023 50.00
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
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<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add
<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	ADDITIONS/CHANGES
				<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Change <input type="checkbox"/> Add
				<input type="checkbox"/> Change <input type="checkbox"/> Add

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: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/18/06 705-982-5537
 Date Daytime Phone #