


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90225 012 ****50.00

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|---|--|---------------------------------|--|---|--|
| DOCUMENT # L05000003947 | | | |  | |
| 1. Entity Name EAVES & MARINO, LLC | | | | | |
| Principal Place of Business PARRISH, WHITE & LAWHON, P.A. 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109 | | | Mailing Address PARRISH, WHITE & LAWHON, P.A. 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 02132006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 65-0543675 | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARRISH, WHITE & LAWHON, P.A. 3431 PINE RIDGE ROAD, SUITE 101 NAPLES, FL 34109 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Name | | |
| Street Address (P.O. Box Number is Not Acceptable) | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | City | | |
| FL | | | Zip Code | | |
| 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 _____ (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 | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EAVES, ROBERT A 1215 ALGONQUIN ROAD CROWNSVILLE, MD 31032 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM MARINO, ROBERT A 7807 EAGLES LIGHT LANE FORT MYERS, FL 33912 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | _____ | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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: <i>Robert A. Eaves</i> ROBERT EAVES 2/21/06 410 849 8086 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | | | | |