


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90091 015 \*\*\*\*50.00

<b>DOCUMENT # L05000060802</b> 1. Entity Name <b>EAGLEHELI, LLC</b>					
Principal Place of Business <b>5255 N.W. 159TH STREET MIAMI, FL 33014</b>			Mailing Address <b>5255 N.W. 159TH STREET MIAMI, FL 33014</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-3011408</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MIAMI CENTER REGISTERED AGENTS, LLC 201 SOUTH BISCAYNE BLVD., SUITE 1700 MIAMI, FL 33131</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <span><b>CPS</b></span> <span><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span> </div>		
NAME		NAME	<b>IACOVELLI, MARC</b>		
STREET ADDRESS		STREET ADDRESS	<b>5255 NW 159 STREET</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33014</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<div style="display: flex; justify-content: space-between;"> <span><b>VT</b></span> <span><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</span> </div>		
NAME		NAME	<b>KRUSZEWSKI, TOM</b>		
STREET ADDRESS		STREET ADDRESS	<b>5255 NW 159 STREET</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>MIAMI, FL 33014</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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.					
<b>SIGNATURE: <u>Tom Kruszevski</u> TOM KRUSZEWSKI</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<b>1/12/06</b> <small>Date</small>	<b>(305) 908-5355</b> <small>Daytime Phone #</small>

**20004436**



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