2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000069579

1. Entity Name EAGLES 23 COMPANY, LLC



FILED
Jan 18, 2008 08:00 AM
Secretary of State

Principal Place of Business 1023 MANATÉE AVE. W BRADENTON, FL 34205 Mailing Address

1023 MANATEE AVE. W BRADENTON, FL 34205



01142008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	22-3915087

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, JOHN D 1023 MANATEE AVE. W BRADENTON, FL 34205

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 acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acceptable to the purpose of changing its registered office or registered agent, or both, in the State of Florida.
	the obligations of registered agent.

SIGNATURE.

ilgnature, typed or printed name of registered agent and little if applicab

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000788715 01/18/08-80054-005-138.7

9.	MANAGING MEMBERS/MANAGERS
TITLE -	MGRM
NAME	HAWKINS, JOHN D
STREET ADDRESS	1023 MANATEE AVE. W
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE .	MGRM
NAME	HAWKINS, PAULA N
STREET ADDRESS	1023 MANATEE AVE. W
CITY-ST-ZIP	BRADENTON, FL 34205
THTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE .	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 imitted liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

JOHN D. HAWKINS MERM 1-16-08

74117801

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime P