


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 23, 2008 08:00 AM
Secretary of State**

DOCUMENT # L05000085692 1. Entity Name EAGLE EYE FINANCIAL, LLC	
---	---

Principal Place of Business 237 W. SEAVIEW DR. MARATHON, FL 33050	Mailing Address 237 W. SEAVIEW DR. MARATHON, FL 33050
---	---



04162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
--	--------------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--

6. Name and Address of Current Registered Agent CARTER, C KELLY 237 W. SEAVIEW DR. MARATHON, FL 33050
--

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARTER, C KELLY 237 W. SEAVIEW DR. MARATHON, FL 33050
TITLE 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000917806 05/13/08-80047-024 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>

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: *C Kelly Carter* *4/20/08*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #