**FILED**
**May 04, 2006 8:00 am**
**Secretary of State**
03-23-2006 90259 048 ****50.00

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000102484

1. Entity Name
FT EAGLE, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 2135 IMPERIAL CIRCLE<br>NAPLES, FL 34110 | 2135 IMPERIAL CIRCLE<br>NAPLES, FL 34110 |

03112006 Chg-LLC CR2E083 (11/05)

| 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 20-4462561 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| RICE, ROGER B<br>5425 PARK CENTRAL COURT<br>NAPLES, FL 34109 | Name ROMEO TEREZI<br>Street Address (P.O. Box Number is Not Acceptable)<br>2135 IMPERIAL CIRCLE<br>City NAPLES FL Zip Code 34110 |

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 Romeo Terezi 03/14/06
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**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FONDOUS, ALBERT<br>820 BENTWATER CIRCLE, UNIT 202<br>NAPLES, FL 34108 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>FOUNDOS, ALBERT<br>820 BENTWATER CIRCLE, Unit 202<br>NAPLES. FL 34108 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member<br>FOUNDOS, LOUIS<br>16 WEDGEWOOD DRIVE<br>OLD BROOKVILLE, NY 01154 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member<br>TEREZI, ROMEO<br>2135 IMPERIAL CIRCLE<br>NAPLES, FL 34110 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MEMBER, Managing<br>TEREZI, KOSTAQ<br>2113 MISSION DRIVE<br>NAPLES, FL 34109 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ 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:** Romeo Terezi 03/14/06 239450-3088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #