

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006281

FILED
Apr 24, 2007
Secretary of State

Entity Name: EAGLE BIZ ENTERPRISES LLC

Current Principal Place of Business:

1500 NW 12TH STREET
FORT LAUDERDALE, FL 33311

New Principal Place of Business:

417 ARKANSAS COURT
KISSIMMEE, FL 34759

Current Mailing Address:

1500 NW 12TH STREET
FORT LAUDERDALE, FL 33311

New Mailing Address:

417 ARKANSAS COURT
KISSIMMEE, FL 34759

FEI Number: 43-2096910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VICKERS, YVONNE D
1500 NW 12TH STREET
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

VICKERS, YVONNE D
417 ARKANSAS COURT
KISSIMMEE, FL 34759 US

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.

SIGNATURE:

04/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VICKERS, YVONNE
Address: 1500 NW 12TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: MGR () Delete
Name: VICKERS, NORRIS
Address: 1500 NW 12TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33311

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VICKERS, YVONNE
Address: 417 ARKANSAS COURT
City-St-Zip: KISSIMMEE, FL 34759

Title: MGR (X) Change () Addition
Name: VICKERS, NORRIS
Address: 417 ARKANSAS COURT
City-St-Zip: KISSIMMEE, FL 34759

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: YVONNE VICKERS

MGR

04/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date