


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000000645			
EAGLE PARTNERS I, L.C. 3913 52ND DRIVE WEST BRADENTON FL 34210		1a. Principal Place of Business Address 3913 52ND DRIVE WEST BRADENTON FL 34210			
2. Principal Place of Business <u>6240 14th Street W</u> Suite, Apt. #, etc.		2a. Mailing Address <u>6240 14th Street West</u> Suite, Apt. #, etc.		3. Date Organized or Qualified <u>06/12/1997</u>	
City & State <u>Bradenton FL</u>		City & State <u>Bradenton FL</u>		3a. State of Formation <u>FL</u>	
Zip <u>34207</u>		Zip <u>34207</u>		4. FEI Number <u>65-0760075</u>	
Country		Country		5. Date of Last Report organized <u>6-12-97</u>	
7. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 E. VIRGINIA ST. STE. 1 TALLAHASSEE FL 32301		6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 Additional Fee Required			
8. Name and Address of New Registered Agent/Office Name MARYBETH STEIGENGA Street Address (P.O. Box Number is Not Acceptable) 6240 14th Street, W Suite, Apt. #, etc. City BRADENTON Zip FL 34207					
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <u>Marybeth Steigena</u> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)		DATE <u>4-21-98</u>			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	MARVIN & JOAN COOPER,	P.O. BOX 37 - NA		ELKHART LAKE WI 100002515521--8 -05/07/98--01082--003 ****188.75 ****188.75	

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Marvin B Cooper

4-8-98 94-752-0812