2002 UNIFORM BUSINESS REPORT (UBR)

Sep 25, 2002 8:00 am Secretary of State DOCUMENT # **L97000000645** 1. Entity Name EAGLE PARTNERS I, L.C. 09-25-2002 90116 007 ****50.00 Principal Place of Business Mailing Address 6240 14TH ST., WEST 6240 14TH ST., WEST **BRADENTON FL 34207** BRADENTON FL 34207 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 65-0760075 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STEIGENGA, MARYBETH 6240 14TH ST., WEST Street Address (P.O. Box Number is Not Acceptable) BRADENTON FL 34207 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE (4/02)☐ Change Addition MARVIN & JOAN COOPER JOINT REVOCABLE TRUST NAME NAME STREET ADDRESS 4903 64TH DR. WEST STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I 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 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.

CITY-ST-ZIP

IGNATURE AND TYPED OR

CITY-ST-ZIP

MANAGER, OR AUTHORIZED REPRESENTATIVE

941 739 6846

FILED