

## ANNUAL REPORT

DOCUMENT # L99000002509

1. Entity Name  
BOCA EAGLE LLCJan 12,  
Secr

## Principal Place of Business

719 COQUINA WAY  
BOCA RATON, FL 33432

## Mailing Address

719 COQUINA WAY  
BOCA RATON, FL 33432

01032005No Chg-LLC

CR2E083 (10/03)

## 4. FEI Number

65-0919503

## Applied For

Not Applicable

## 5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GULLO, PETER  
719 COQUINA WAY  
BOCA RATON, FL 33432

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 re-registering)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GULLO, PETER
STREET ADDRESS	719 COQUINA WAY
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000178009  
01/12/05-80010-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

1-5-05

Daytime Phone #

9543283777