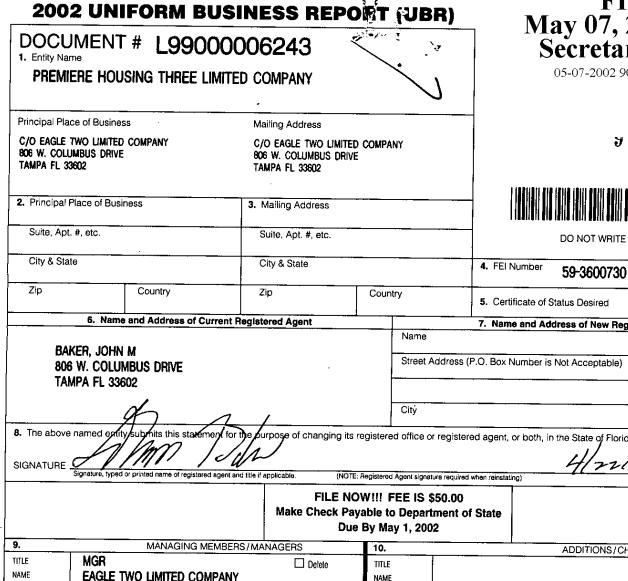
2002 UNIFORM BUSINESS REPORT (UBR)



FILED May 07, 2002 8:00 am Secretary of State

05-07-2002 90382 046 ****50.00

999903

Applied For



DO NOT WRITE IN THIS SPACE

				'	39-3000/30	l lu	ot Applicable
Zip	Country	Zip	Country	5. Certificate of State	tus Desired	\$5.00 A	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>	7. Name and Addre	ess of New Registr		
806	KER, JOHN M S W. COLUMBUS DRIVE	Name Street Addres					
TAN	MPA FL 33602						
	A 1	City			FL Zip Cod	le	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regist	ered agent, or both, in th	e State of Florida		
SIGNATURE .	Signature, typed or printed name of registered agent a				Horlo	2-	
 	organistic, typed or printed figures or registered agent at	id title ir applicable. (NOT	E: Registered Agent signature requi	ed when reinstating)		ATE	
		Make Check Pa	OW!!! FEE IS \$50.00 yable to Department e By May 1, 2002				
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITIONS/CHAN	IGES	
TITLE	MGR	☐ Delete	TITLE			☐ Change	Addition
NAME	EAGLE TWO LIMITED COMPANY	•	NAME			—	
STREET ADDRESS	806 W. COLUMBUS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS				
		 	CITY-ST-ZIP	···········			
TITLE		☐ Delete	TITLE			☐ Change	Addition
NAME STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				1
			···		 <u></u>		
TITLE NAME		Delete	TITLE			Change	☐ Addition
STREET ADDRESS			NAME STREET ADDRESS				
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				1
TITLE		□ Delete	TITLE			☐ Change	☐ Addition
NAME			NAME			L Change	T VOURIOU
STREET ADDRESS	•		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
	ertify that the information supplied with the or this report is true and accurate and the tilty company or the receiver or trustee the supplied to the receiver of trustee the supplied to the receiver of trustee the supplied to the supplin				am a managing me	certify that the inimber or manager	of the