

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006518

Entity Name: EAGLE STRATEGIES LLC**Current Principal Place of Business:**51 MADISON AVENUE
NEW YORK, NY 10010**Current Mailing Address:**51 MADISON AVENUE
NEW YORK, NY 10010 US**FEI Number:** 26-1483563**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BLUNT, CHRISTOPHER O.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title MANAGER
Name BOCCIO, FRANK M.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title MANAGER
Name DAVIDSON, SHEILA K.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title MANAGER
Name GARDNER, ROBERT M.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title MANAGER
Name LASH, STEVEN D.
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

Title MANAGING MEMBER
Name NYLIFE LLC
Address 51 MADISON AVENUE
City-State-Zip: NEW YORK NY 10010

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NYLIFE LLC**MANAGING MEMBER****04/15/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date