



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

POSTED

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2009

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(2)) is subject to a penalty fee of \$25.00.

1. ID No. 000131915		2. Exact name of the limited liability company EAGLE'S NEST LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWN & MANAGE REAL ESTATE			
5. Principal office address 222 OCEAN AVENUE		City NEWPORT		State RI	Zip 02840
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WILLIAM K CALER, JR CPA		Contact Title			
Street Address 505 SOUTH FLAGLER DRIVE, SUITE 900		City WEST PALM BEACH		State FL	Zip 33401
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name JANE R GRACE		Manager Name			
Street Address 126 SEAGRAPE CIRCLE		Street Address			
City PALM BEACH	State FL	Zip 33480	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

000131915

File Date	9-8-09
Check No.	1901
By:	MMC
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

x Jane R. Grace x 8/29/09  
Signature of Authorized Person Date  
JANE R GRACE  
Print or Type Name of Authorized Person