2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000046792

Entity Name: TRES AGUILAS, LLC

Current Principal Place of Business:

111 EAGLES NEST DRIVE
CRESCENT CITY, FL 32112 US

New Principal Place of Business:

Current Mailing Address:

PMB 392, 11250-15 OLD ST. AUGUSTINE RD.
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 20-2817458 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FLORIDAGENT.COM, INC.
1543-5 KINGSLEY AVENUE
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: CRAWFORD, MARY
Address: 5004 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM ( ) Delete
Name: HUNT, JOHN B
Address: 5004 JULINGTON CREEK ROAD
City-St-Zip: JACKSONVILLE, FL 32258 US

Title: MGRM ( ) Delete
Name: VAYDA, DOUGLAS L
Address: 1125-15 OLD ST. AUGUSTINE RD. #302
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: MARY CRAWFORD MGRM 04/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date