

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007822

FILED
Apr 24, 2009
Secretary of State

Entity Name: EAGLE POINT, L.L.C.

Current Principal Place of Business:

245 RIVERSIDE AVENUE, SUITE 500
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

245 RIVERSIDE AVENUE, SUITE 500
ATTN. LEGAL DEPT
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 20-0349903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE, STE. 500
JACKSONVILLE, FL 32202 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: MGR () Delete
Name: MCCALMONT, WILLIAM S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR () Delete
Name: GREENE, WM. BRITTON
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GREENE, WM. BRITTON
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGR (X) Change () Addition
Name: MCCALMONT, WILLIAM S
Address: 245 RIVERSIDE AVENUE SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202 US

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: WILLIAM S. MCCALMONT

MGR

04/24/2009

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