

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000004109

1. Entity Name  
EOA PROPERTIES, LLC



Principal Place of Business

3334 CAPITAL MEDICAL BLVD., SUITE 400  
TALLAHASSEE, FL 32309

Mailing Address

2910 KERRY FOREST PARKWAY  
D4-244  
TALLAHASSEE, FL 32309



02282006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3706853

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAGER, THOMAS W  
2900 EAST PARK AVENUE, SUITE B  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
SHIPMAN, R M  
STREET ADDRESS  
3334 CAPITAL MEDICAL BLVD, SUITE 400  
CITY- ST- ZIP  
TALLAHASSEE, FL 32309

TITLE  
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000000490381  
04/18/06-80053-022 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/30/06

Date

850-219-1964

Daytime Phone #