2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2007
Secretary of State

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Entity Name: EAGLE RIDGE SUBDIVISION, L.L.C.

Current Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD., STE 360
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

1520 ROYAL PALM SQUARE BLVD., STE 360
FORT MYERS, FL 33919

New Mailing Address:

FEI Number: 14-1847031 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BOULEVARD STE 360
FORT LAUDERDALE, FL 33919 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: NATIONAL DEVELOPMENT, OF AMERICA,LL C
Address: 1520 ROYAL PALM SQUARE BLVD. #360
City-St-Zip: FORT MYERS, FL 33919

Title: MGRM ( ) Delete
Name: EMPLOYMENT ALLIANCE, OF SW FLORIDA
Address: 2400 TAMIAMIA TRAIL N. #300
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES:

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 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: BOWEN A. ARNOLD MM 03/05/2007

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