

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024585

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

FILED
Mar 17, 2009
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919

Current Mailing Address:

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

New Mailing Address:

1520 ROYAL PALM SQUARE BLVD.
SUITE 240
FORT MYERS, FL 33919

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:

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD
SUITE 240
FORT LAUDERDALE, FL 33919 US

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:

03/17/2009

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: 750 SOUTH FIFTH ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NATIONAL DEVELOPMENT, OF AMERICA,LL C
Address: 1520 ROYAL PALM SQUARE BLVD. #320
City-St-Zip: FORT MYERS, FL 33919

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: BOWEN A. ARNOLD

RA

03/17/2009

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