

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024585

FILED
Feb 21, 2011
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

Name and Address of New Registered Agent:

ARNOLD, BOWEN A
1520 ROYAL PALM SQUARE BLVD
SUITE 240
FORT MYERS, 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:

02/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MM
Name: NATIONAL DEVELOPMENT OF AMERICA,LLC
Address: 1520 ROYAL PALM SQUARE BLVD. #320
City-St-Zip: FORT MYERS, FL 33919

Title: MM
Name: EMPLOYMENT ALLIANCE OF SW FLORIDA
Address: 750 SOUTH FIFTH ST
City-St-Zip: IMMOKALEE, FL 34142

I hereby 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

02/21/2011

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