


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000005075</b> 1. Entity Name <b>EAGLE DUNES, LLC</b>	
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Principal Place of Business <b>86 SPRING VISTA DRIVE, STE. 200 DEBARY, FL 32713</b>	Mailing Address <b>86 SPRING VISTA DRIVE, STE. 200 DEBARY, FL 32713</b>
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01192005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0691095</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BALLETTA, JAMES 301 EAST PINE STREET, STE. 1400 ORLANDO, FL 32801</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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.

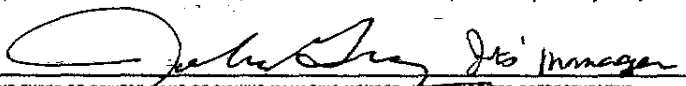
SIGNATURE \_\_\_\_\_  
(Signature of Registered Agent or authorized representative of the entity)

**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>MGR GRAY, JOHN C JR 86 SPRING VISTA DR. DEBARY, FL 32713</b>
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<p>U000000286137 04/04/05-80016-011 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**  **John C. Gray, Its Manager** **3/15/05** **386-668-6600**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE