

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90141 022 ****50.00

DOCUMENT # L03000005075

1. Entity Name
EAGLE DUNES, LLC



Principal Place of Business
86 SPRING VISTA DRIVE, STE. 200
DEBARY, FL 32713

Mailing Address
86 SPRING VISTA DRIVE, STE. 200
DEBARY, FL 32713

DO NOT WRITE IN THIS SPACE



01042006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
02-0691095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~BALLETTA, JAMES~~ **GARY SALZMAN**
301 EAST PINE STREET, STE. 1400
ORLANDO, FL 32801

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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 **GARY SALZMAN**

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

(NOTE: Registered Agent signature required when reinstating)

1-18-06
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GRAY, JOHN C JR
86 SPRING VISTA DR.
DEBARY, FL 32713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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

1/18/06 **386-666-6000**
Date Daytime Phone #