
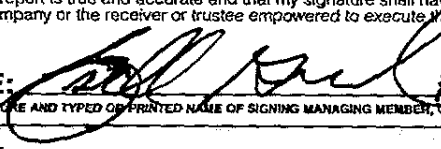


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000020646																																										
1. Entity Name P.I. EAGLE LAKE LLC																																										
Principal Place of Business 5160 DOUG TAYLOR CIRCLE ST. JAMES CITY, FL 33956	Mailing Address 5160 DOUG TAYLOR CIRCLE ST. JAMES CITY, FL 33956																																									
DO NOT WRITE IN THIS SPACE																																										
6. Name and Address of Current Registered Agent GATEWOOD, ESTILL 5166 MARTIN COVE BOKEELIA, FL 33922		4. FEI Number 37-1470004 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																								
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Filing Fee is \$50.00 Due by May 1, 2005																																										
9. MANAGING MEMBERS/MANAGERS <table border="1"><tr><td>TITLE</td><td>MGR</td></tr><tr><td>NAME</td><td>GATEWOOD, ESTILL - MGR</td></tr><tr><td>STREET ADDRESS</td><td>5160 DOUG TAYLOR CIRCLE</td></tr><tr><td>CITY - ST - ZIP</td><td>ST. JAMES CITY, FL 33956</td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr><tr><td>TITLE</td><td></td></tr><tr><td>NAME</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td></tr></table>		TITLE	MGR	NAME	GATEWOOD, ESTILL - MGR	STREET ADDRESS	5160 DOUG TAYLOR CIRCLE	CITY - ST - ZIP	ST. JAMES CITY, FL 33956	TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		TITLE		NAME		STREET ADDRESS		CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE
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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)(f), 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:  PRES. ESTILL GATEWOOD 4-26-05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #																																										



04262005No Chg-LLC CR2E083 (10/03)

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239-283-9663