
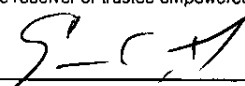


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 29, 2008 8:00 am**  
**Secretary of State**

02-29-2008 90100 031 \*\*\*138.75

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # L03000021203</b>  |  |  |  |                       |  |
| <b>1. Entity Name</b><br><b>EAGLE ONE MORTGAGE FW INVESTMENT, LLC</b>   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>17190 ROYAL PALM BLVD<br>SUITE 2<br>WESTON, FL 33326  |  |  | <b>Mailing Address</b><br>17190 ROYAL PALM BLVD<br>SUITE 2<br>WESTON, FL 33326 |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>  |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| <b>City &amp; State</b>   |  | <b>City &amp; State</b>  |  | <b>4. FEI Number</b><br><b>41-2099070</b>  |  |
| <b>Zip</b>  |  | <b>Country</b>   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| <b>6. Name and Address of Current Registered Agent</b>  |  | <b>7. Name and Address of New Registered Agent</b>                 |  |  |  |
| PADIAL, JOSE I<br>2600 SOUTH DOUGLAS ROAD<br>PENTHOUSE 6<br>CORAL GABLES, FL 33134  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |  |  |
| FL  |  | Zip Code   |  |  |  |
| <b>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.</b>  |  |  |  |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |  |  |  |
| DATE _____  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>   |  |  | <b>Make check payable to:</b><br><b>Florida Department of State</b>            |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>ROCHE, GERMAN<br>17190 ARVIDA PARKWAY SUITE 2<br>WESTON, FL 33326 | <input type="checkbox"/> Delete                                    |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |  |
| <b>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.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b>    |  |  | 2/27/08 954-3852164  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  |  | Date Daytime Phone #   |  |  |