

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jun 10, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000023023**



1. Entity Name  
**EAGLE'S LANDING INVESTMENTS, L.L.C.**

Principal Place of Business  
**644 B NORTH WOODLAND BOULEVARD  
DELAND, FL 32724**

Mailing Address  
**644 B NORTH WOODLAND BOULEVARD  
DELAND, FL 32724**



06022005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**51-0484361**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GREENE, ROBERT N  
644 B NORTH WOODLAND BOULEVARD  
DELAND, FL 32720**

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 7, 2005**

000000369350  
06/10/05-80004-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
HIGHLAND GREENE, INC.  
2396 LAKE TALMADGE DRIVE  
DELAND, FL 32724**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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

*[Signature]* **MANAGER**

*06/04/05*