

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**May 25, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90007 042 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                              |                                                                                                                                                                                        |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L03000025020</b><br>1. Entity Name<br><b>EAGLE'S VIEW, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            |                                                              |                                                                                                                                                                                        |  |  |
| Principal Place of Business<br><b>42 SLEEPY HOLLOW ROAD<br/>MIDDLEBURG, FL 32068</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                            |                                                              | Mailing Address<br><b>42 SLEEPY HOLLOW ROAD<br/>MIDDLEBURG, FL 32068</b>                                                                                                               |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                            | 3. Mailing Address                                           |                                                                                                                                                                                        |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | Suite, Apt. #, etc.                                          |                                                                                                                                                                                        |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                            | City & State                                                 |                                                                                                                                                                                        |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Country                                                                                                    | Zip                                                          | Country                                                                                                                                                                                |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                            |                                                              | 7. Name and Address of New Registered Agent                                                                                                                                            |                                                                                   |  |
| <b>BLACKBURN, DENNIS L<br/>5150 BELFORT ROAD SOUTH<br/>BUILDING 500<br/>JACKSONVILLE, FL 32256</b>                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                            |                                                              | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                     |                                                                                                            |                                                              |                                                                                                                                                                                        |                                                                                   |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2004</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                            | <b>Make check payable to<br/>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                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>MGRM<br/>ELLEN S. ASHBY LIVING TRUST U/A 7/15/95<br/>42 SLEEPY HOLLOW ROAD<br/>MIDDLEBURG, FL 32068</b> |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                                                            |                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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. |                                                                                                            |                                                              |                                                                                                                                                                                        |                                                                                   |  |
| <b>SIGNATURE:</b> <i>Shirley J. Alfred, Secretary</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                            |                                                              | Date: <b>4/26/04</b> Daytime Phone #: <b>904-212-9548</b>                                                                                                                              |                                                                                   |  |

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4. FEI Number **N/A** Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required