

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L03000025020

1. Entity Name
EAGLE'S VIEW, LLC



Principal Place of Business

**42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL 32068**

Mailing Address

**42 SLEEPY HOLLOW ROAD
MIDDLEBURG, FL 32068**



03082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BLACKBURN, DENNIS L
5150 BELFORT ROAD SOUTH
BUILDING 500
JACKSONVILLE, FL 32256**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GEORGE H. & ELLEN S. ASHBY AS TENANTS BY E 42 SLEEPY HOLLOW ROAD MIDDLEBURG, FL 32068
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000000890590
04/22/08-80102-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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

George H. Ashby, JR

4/3/08

Date

904-272-9548

Daytime Phone #