

DOCUMENT # L03000026037

1. Entity Name

EAK PROPERTIES, L.C.



**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**



1st MOORE

CR2E083 (10/06)

Principal Place of Business

4652 S.W. BRANCH TERRACE  
PALM CITY FL 34990

Mailing Address

4652 S.W. BRANCH TERRACE  
PALM CITY FL 34990

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City &amp; State

City &amp; State

4. FEI Number

20-0991830

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

BERNSTEIN, ALAN B  
 4652 S.W. BRANCH TERRACE  
 PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00

Make Check Payable to Florida Department of State  
 Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
 NAME BERNSTEIN, ELIZABETH C  
 STREET ADDRESS 4652 S.W. BRANCH TERRACE  
 CITY- ST- ZIP PALM CITY FL 34990

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP  
 U00000608886  
 02/01/07-80027-022 50.00

TITLE MGR ☐ Delete  
 NAME BERNSTEIN, ALAN B  
 STREET ADDRESS 4652 S.W. BRANCH TERRACE  
 CITY- ST- ZIP PALM CITY FL 34990

☐ Change ☐ Addition  
 TITLE  
 NAME  
 STREET ADDRESS  
 CITY- ST- ZIP

TITLE MGR ☐ Delete  
 NAME BERNSTEIN, KATHERINE A  
 STREET ADDRESS 4652 S.W. BRANCH TERRACE  
 CITY- ST- ZIP PALM CITY FL 34990

☐ Change ☐ Addition  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-27-07 772-781-0312