2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

6/8/2(

FILED
Jun 18, 2004 8:00 am
Secretary of State
06-08-2004 90194 001 ***100.00

DOCUMENT # L03000026106

1. Entity Name
SECOND EAGLE PROPERTY DEVELOPMENT, LLC

Principal Place of Business	Mailing Address
9338 DEERCREEK DR. TAMPA, FL 33647	9338 DEERCREEK DR. TAMPA, FL 33647

04122004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: Applied for — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEFFRIES, DAVID M 101 E. KENNEDY BLVD., STE 3000 TAMPA, FL 33602	Name: ROBERT WILLIAMS Street Address (P.O. Box Number Is Not Acceptable): FIRST UNION BUILDING, STE 1500 100 S. ASHLEY DRIVE City: TAMPA FL Zip Code: 33602

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] 4-29-04

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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Steven G. Burton 9338 Deercreek Dr. Tampa, FL 33647	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: [signature] 4-30-04 813-215-3024

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #