

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 17, 2007 08:00 AM
Secretary of State**

DOCUMENT # L03000029096

1. Entity Name
EAGLE VENTURES, L.L.C.



Principal Place of Business
**19330 DURRANCE ROAD
NORTH FORT MYERS, FL 33917**

Mailing Address
**19330 DURRANCE ROAD
NORTH FORT MYERS, FL 33917**



01072007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2384450

Applied For
Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WAGNER, LYNN A
19330 DURRANCE ROAD
NORTH FORT MYERS, FL 33917**

**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 reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

U000000588049
01/17/07-80058-001 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
WAGNER, LYNN A
19330 DURRANCE ROAD
NORTH FORT MYERS, FL 33917**

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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 TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MM. LYNN A. WAGNER 1-12-07 (239) 543 0896