

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000031768

FILED
May 02, 2006
Secretary of State

Entity Name: EAGLE TRACE AT RIVER BRIDGE, LLC

Current Principal Place of Business:

SUITE 200
1750 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

1750 N. FLORIDA MANGO RD.
#200
WEST PALM BEACH, FL 33409

Current Mailing Address:

SUITE 200
1750 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Mailing Address:

1750 N. FLORIDA MANGO RD.
#200
WEST PALM BEACH, FL 33409

FEI Number: 20-0342423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MACK, ANDREW P
SUITE 200
1750 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

MACK, ANDREW P
1750 N. FLORIDA MANGO RD.
#200
WEST PALM BEACH, FL 33409 US

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.

SIGNATURE:

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INTEGRITY DEVELOPMEN, T, LLC
Address: SUITE 200
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANDREW P MACK

MGRM

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date