

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90033 028 ****50.00

DOCUMENT # L03000038369

1. Entity Name
GOLDEN EAGLE INVESTMENT PROPERTIES, LLC



Principal Place of Business
**18441 TELEGRAPH CREEK LANE
ALVA, FL 33920**

Mailing Address
**18441 TELEGRAPH CREEK LANE
ALVA, FL 33920**

2. Principal Place of Business
18660 RIVER Estates Lane
Suite, Apt. #, etc.

3. Mailing Address
18660 RIVER Estates Ln
Suite, Apt. #, etc.



04042006 Chg-LLC CR2E083 (11/05)

City & State
Alva, FL

City & State
Alva FL

4. FEI Number
20-0282369

Applied For
Not Applicable

Zip **33920** Country **USA**

Zip **33920** Country **USA**

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

6. Name and Address of Current Registered Agent

**INFIESTO, CYNTHIA
18441 TELEGRAPH CREEK LANE
ALVA, FL 33920**

7. Name and Address of New Registered Agent

Name

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

18660 RIVER Estates Lane

City **ALVA**

FL

Zip Code **33920**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGRM** ☐ Delete
NAME **INFIESTO, CYNTHIA**
STREET ADDRESS **18441 TELEGRAPH CREEK LANE**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE **MGRM** ☐ Delete
NAME **ALLEN, STEPHEN L**
STREET ADDRESS **18441 TELEGRAPH CREEK LANE**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **18660 RIVER Estates Lane**
CITY-ST-ZIP **ALVA, FL 33920**

TITLE ☒ Change ☐ Addition
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STREET ADDRESS **18660 RIVER Estates Lane**
CITY-ST-ZIP **ALVA, FL 33920**

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-5-06 2396901905