


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90251 026 ****50.00

DOCUMENT # L03000046872 1. Entity Name EAGLE HOLDING COMPANY, LLC					
Principal Place of Business 2061 ISLA DE PALMA CIRCLE NAPLES, FL 34119			Mailing Address 2061 ISLA DE PALMA CIRCLE NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # 3545 Pine Ridge Rd		3. Mailing Address 3545 Pine Ridge Rd			
Suite, Apt. #, etc. 600		Suite, Apt. #, etc. 600			
City & State Naples FL		City & State Naples FL		4. FEI Number 20-0426238	
Zip 34109		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DEMAREST, JAMES T 2061 ISLA DE PALMA CIRCLE NAPLES, FL 34119			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3545 Pine Ridge Rd #600 City Naples FL Zip Code 34109		
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 <u><i>James T Demarest</i></u> JAMES T DEMAREST <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEMAREST, JAMES T MR. 2061 ISLA DE PALMA CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete			
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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: <u><i>James T Demarest</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<u>4/30/07</u> <u>239-514-0200</u> <small>Date Daytime Phone #</small>	

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