

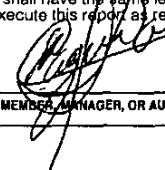


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90292 028 ***150.00

DOCUMENT # L03000051960 1. Entity Name EAGLE FARM II, LLC			
Principal Place of Business 417 W. SUGARLAND HWY CLEWISTON, FL 33440		Mailing Address 417 W. SUGARLAND HWY CLEWISTON, FL 33440	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9014 Hwy. 80 Suite, Apt. #, etc.	
City & State Zip		City & State Clewiston, Florida Zip 33440	
Country		Country USA	
4. FEI Number 20-0827960		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, ANTONIO R ESQ 417 W SUGARLAND HWY CLEWISTON, FL 33440		7. Name and Address of New Registered Agent Name Calixto Aguila Street Address (P.O. Box Number is Not Acceptable) 9014 Hwy. 80 City Clewiston FL Zip Code 33440	
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  DATE 3-12-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)</small>			
Filing Fee is \$50.00. Due by May 1, 2005.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AGUILA, CALIXTO	NAME	Serial, Miledy
STREET ADDRESS	417 W. SUGARLAND HIGHWAY	STREET ADDRESS	9014 Hwy. 80
CITY-ST-ZIP	CLEWISTON, FL 33440	CITY-ST-ZIP	Clewiston, Fl. 33440
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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:  3-12-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			