


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90040 046 \*\*\*\*50.00

<b>DOCUMENT # L03000051960</b> 1. Entity Name <b>EAGLE FARM II, LLC</b>	
---	---

Principal Place of Business <b>417 W. SUGARLAND HWY CLEWISTON, FL 33440</b>	Mailing Address <b>9014 HWY 80 CLEWISTON, FL 33440 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04142007 No Chg-LLC

CR2E083 (11/05)

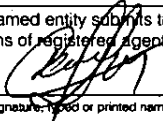
4. FEI Number <b>20-0827960</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**AGUILA, CALIXTO  
9014 HWY 80  
CLEWISTON, FL 33440**

**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.

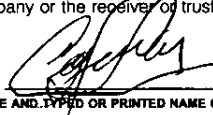
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **4-16-07**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AGUILA, CALIXTO 417 W. SUGARLAND HIGHWAY CLEWISTON, FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SURIEL, MILEIDY 9014 HWY 80 CLEWISTON, FL 33440</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  DATE **4-16-07** DAYTIME PHONE # **Pres.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE