2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

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Entity Name: EAGLE PROPERTY SERVICES, LLC

Current Principal Place of Business:

PO BOX 46462
ST PETE BEACH, FL 33741

New Principal Place of Business:

6251 PARK BLVD
#4
PINELLAS PARK, FL 33781

Current Mailing Address:

PO BOX 46462
ST PETE BEACH, FL 33741

New Mailing Address:

6251 PARK BLVD
#4
PINELLAS PARK, FL 33781

FEI Number: 86-1096180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, TIM
PO BOX 46462
ST PETE BEACH, FL 33741 US

Name and Address of New Registered Agent:

JOHNSON, TIM
6251 PARK BLVD
#4
PINELLAS PARK, FL 33781 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: TIM JOHNSON 04/27/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: JOHNSON, TIM
Address: PO BOX 46462
City-St-Zip: ST PETE BEACH, FL 33741

Title: MGRM ( ) Delete
Name: JOHNSON, GINA
Address: PO BOX 46462
City-St-Zip: ST PETE BEACH, FL 33741

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, TIM
Address: 6251 PARK BLVD, #4
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM (X) Change ( ) Addition
Name: JOHNSON, GINA
Address: 6251 PARK BLVD, #4
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIM JOHNSON MGR 04/27/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date