

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000784

FILED
Jan 22, 2007
Secretary of State

Entity Name: EAGLE PROPERTY SERVICES, LLC

Current Principal Place of Business:

6251 PARK BLVD
#4
PINELLAS PARK, FL 33781

New Principal Place of Business:

9065 PARK BLVD
SEMINOLE, FL 33777

Current Mailing Address:

6251 PARK BLVD
#4
PINELLAS PARK, FL 33781

New Mailing Address:

9065 PARK BLVD
SEMINOLE, FL 33777

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
6251 PARK BLVD
#4
PINELLAS PARK, FL 33781 US

Name and Address of New Registered Agent:

JOHNSON, TIM
9065 PARK BLVD
SEMINOLE, FL 33777 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:

01/22/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JOHNSON, TIM
Address: 9065 PARK BLVD
City-St-Zip: SEMINOLE, FL 33777

Title: MGRM (X) Change () Addition
Name: JOHNSON, GINA
Address: 9065 PARK BLVD
City-St-Zip: SEMINOLE, FL 33777

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MNGR

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date