FILED
Mar 18, 2005 8:00 am
Secretary of State

02-24-2005 90104 032 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000024727

1. Entity Name
EAGLE LAKE RESERVE, L.L.C.

Principal Place of Business	Mailing Address
519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844	519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844

30002073

02112005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
10830 SW 113 Place	10830 SW 113 Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33176 Country:	Zip: 33176 Country:

4. FEI Number 20-1936407 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOHN
519-B JONES AVENUE, SUITE 5, 2ND FLOOR
HAINES CITY, FL 33844

7. Name and Address of New Registered Agent

Name: John Murphy
Street Address (P.O. Box Number is Not Acceptable): 10830 SW 113 Place
City: Miami FL Zip Code: 33176

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: _____ 2/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

JOHN MURPHY

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 NAME STREET ADDRESS CITY-ST-ZIP	MGR MURPHY, JOHN 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	10830 SW 113 Place Miami Fl 33176	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ 2/20/05 8634229777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

JOHN MURPHY