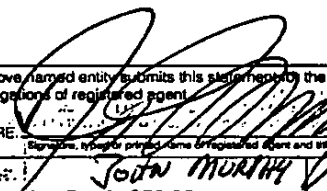
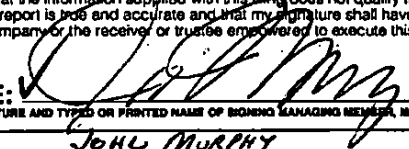


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L04000024727			
1. Entity Name EAGLE LAKE RESERVE, L.L.C.			
Principal Place of Business 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844		Mailing Address 519-B JONES AVENUE, SUITE 5, 2ND FLOOR HAINES CITY, FL 33844	
2. Principal Place of Business 10830 SW 113 Place Suite, Apt. #, etc.		3. Mailing Address 10830 SW 113 Place Suite, Apt. #, etc.	
City & State Miami Florida Zip 33176 Country		City & State Miami Florida 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:  DATE: 2/20/05 (NOTE: Registered Agent signature required when reappointing)			
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE JOHN MURPHY		Date 2/20/05 Daytime Phone # 8634229722	

30002073



02112005 Chg-LLC CR2E083 (10/03)