

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000040960

Entity Name: EAGLE LAND COMPANY-FLORIDA, LLC

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

2002 N. FRONTAGE ROAD
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

200 BROOKSTONE CENTRE PARKWAY
SUITE 205
COLUMBUS, GA 31906

New Mailing Address:

FEI Number: 20-1185786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIDESTER, DAVE
2002 N. FRONTAGE ROAD
PLANT CITY, FL 33563 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HEARD, WILLIAM T
Address: 200 BROOKSTONE CTR PKWY SUITE 205
City-St-Zip: COLUMBUS, GA 31904

Title: MGRM () Delete
Name: FELDNER, RONALD A
Address: 200 BROOKSTONE CTR PKWY SUITE 205
City-St-Zip: COLUMBUS, GA 31904

Title: MGRM () Delete
Name: YOUNG, RICHARD M
Address: 200 BROOKSTONE CTR PKWY SUITE 205
City-St-Zip: COLUMBUS, GA 31904

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMY E. KING

EA

04/02/2007

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