2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 10, 2005 8:00 am Secretary of State

813.968.2886

Principal Pace of Business Mailing Address 15813 HAMPTON VILLAGE DR	DOCUMENT # L0400050170 1. Entity Name EAGLE INSURANCE PROPERTIES, LLC.								01-10-2005 90055 033 ****50.00				
Suite, Apt. #, etc. City & State Country A FEI Number No Applicable	15813 HAMF	PTON VILLAG	E DR	15813	15813 HAMPTON VILLAGE DR								
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Source S	City & Stat	e		City & S	City & State				4. FEI Numb	42835	73	<u> </u>	·
NELSON, SCOTT F 200 SOUTH HOOVER BLVD 201-140- TAMPA, FL 33609 8. The above named entity submitisthis 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 regir FILING Foe is \$50.00 Due by May 1, 2005 Make chack payable to Florida Department of State Filling Foe is \$50.00 Due by May 1, 2005 Make chack payable to Florida Department of State FILING Foe is \$50.00 Due by May 1, 2005 Make chack payable to Florida Department of State FILING Foe is \$50.00 Due by May 1, 2005 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State FILING Foe is \$50.00 Make chack payable to Florida Department of State Filing Foe is \$50.00 Make chack payable to Florida Department of State Filing Foe is \$50.00 Make chack payable to Florida Department of State Filing Foe is \$50.00 Make chack payable to Florida Department of State Filing Foe is \$50.00 Make chack payable to Florida Department of State For it is the folida Department of State Filing Foe is \$50.00 Make chack payable t	Zip	*Country			Zip Coun			5. Certificate of Status Desired \$5.00 Additional					
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8. The above named entity submits[hits 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 registrose of registered agent and size if applicable. Signature Signatur		L 33609		→>	4890 1			W.	Kenne	dy Blu	یل ج		
8. The above named entity submits[hits 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 registrose of registered agent and size if applicable. Signature Signatur			. 1				City	Tam		,		FL ZigCg	609
Filling Fee is \$50.00 Make check payable to Florida Department of State Provide Provide Name of registered agent acquired when releasting) DATE	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												
9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete MARRISON, ROBERT G MAME	SIGNATURE												
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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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby indicated	certify that the l on this repor	e information supplied t is true and accurate	with this filing do and that my sign	es not qualify for that the shall have the	the exen	nption sta legal effe	ted in Se	ction 119.07(3) nade under oat	(i), Florida Sta	tutes. I furth	ner certify that the in member or manage	formation r of the