


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90058 010 \*\*\*\*50.00

<b>DOCUMENT # L04000053423</b>	
1. Entity Name <b>EGAN-HALVERSON NORTH BAY #1, LLC</b>	

Principal Place of Business <b>C/O GARY HALVERSON 5068 PINNACLE DR. OLDSMAR, FL 34677</b>	Mailing Address <b>C/O GARY HALVERSON 5068 PINNACLE DR. OLDSMAR, FL 34677</b>
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2. Principal Place of Business - No P.O. Box # <b>GARY G HALVERSON</b>	3. Mailing Address <b>GARY G HALVERSON</b>
Suite, Apt. #, etc. <b>300 BEACH DR NE #1004</b>	Suite, Apt. #, etc. <b>300 BEACH DR NE #1004</b>
City & State <b>ST. PETERSBURG FL</b>	City & State <b>ST. PETERSBURG FL</b>
Zip <b>33701</b>	Zip <b>33701</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>



01062007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>APPLIED FOR 56-2551969</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HALVERSON, GARY G 5068 PINNACLE DR. OLDSMAR, FL 33677</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>300 BEACH DR NE #1004 ST. PETERSBURG FL 33701</b>			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G 5068 PINNACLE DR. OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALVERSON, GARY G 300 BEACH DR. NE #1004 ST. PETERSBURG FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGAN, DIANE N 5068 PINNACLE DR. OLDSMAR, FL 34677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EGAN, DIANE N. 300 BEACH DR. NE #1004 ST. PETERSBURG, FL 33701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**727-639-6991**  
**01-06-07**