

FILED
Jun 01, 2005 8:00 am
Secretary of State

04-25-2005 90093 040 ****50.00

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DOCUMENT # L04000053477			
1. Entry Name EAGLE PROPERTY DEVELOPMENT IV, LLC			
Principal Place of Business C/O SIMMONS, LAPLANT & ASSOCIATES, CPAS 201 EAST KENNEDY BOULEVARD, STE. 716 TAMPA, FL 33602-5828		Mailing Address C/O SIMMONS, LAPLANT & ASSOCIATES, CPAS 201 EAST KENNEDY BOULEVARD, STE. 715 TAMPA, FL 33602-5828	
3. Principal Place of Business c/o 100 E. Madison St.		2. Mailing Address c/o 100 E. Madison St.	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33602	Country USA	Zip 33602	Country USA
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		4. FEI Number 20-2890513	
5. Name and Address of Current Registered Agent WILLIAMS, ROBERT S ESQ AKERMAN GENTERFIT 100 SOUTH ASHLEY DRIVE, STE. 1500 TAMPA, FL 33602		7. Name and Address of New Registered Agent Mr Steven G. Burton 9338 Deercreek Drive Tampa, FL 33647	
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 <i>(Signature)</i>		DATE 4/11/05	
Filing Fee is \$50.00 Due by May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☒ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Add	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature area has 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: <i>(Signature)</i>		4/11/05 <i>(Signature)</i>	