2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

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MAME STREET ADDRESS CITY-ST-ZIP πτιΣ MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FileD - FileD - Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000056144 1. Entity Name EAGLE LAKE RESERVE TWO, LLC Malling Address Principal Place of Business 290 CYPRESS GARDENS BLVD. 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880 01232006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1431786 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPANJERS, CRAIG M DO NOT WRITE 290 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33880 IN THIS SPACE 5. 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. MGRM 7ID F NAME SPANJERS, CRAIG M MR. STREET ADDRESS 290 CYPRESS GARDENS BOULEVARD CITY-ST-ZIP WINTER HAVEN, FL 33880 3337 STREET ADDRESS CITY-ST-ZIP 000000417868 02/13/06-80074-014 50.80 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IN THIS SPACE

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