

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000056949

1. Entity Name
BUNCH OF EAGLES LLC



Principal Place of Business
9912 WIND TREE BOULEVARD
SEMINOLE, FL 33772

Mailing Address
516 LAKEVIEW RD
VILLA III
CLEARWATER, FL 33756

FILED
Mar 19, 2007 08:00 AM
Secretary of State



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1487510

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BANKS, ROBERT J
9912 WIND TREE BOULEVARD
SEMINOLE, FL 33772

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ROBERT J. BANKS HOLDINGS LLC
STREET ADDRESS	9912 WIND TREE BOULEVARD
CITY- ST- ZIP	SEMINOLE, FL 33772

TITLE	
NAME	
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CITY- ST- ZIP	

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CITY- ST- ZIP	

U00000672204
03/28/07-80060-023 50.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Robert J. Banks

3/14/07

Date

727 298 5930

Daytime Phone #