Amended

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 22 AM 10:43

DOCUMENT # L04000057271

1. Entity Name
EAGLE PLAZA SHOPPING CENTER, L.C.

Principal Place of Business	Mailing Address
1409 N.E. 22ND AVENUE OCALA, FL 34470	1409 N.E. 22ND AVENUE OCALA, FL 34470

SAN JOSE CA 95123

03162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Mansura LA	~~901 N. Central~~
Suite, Apt. #, etc. 7150 ~~Hwy~~ Hwy 1	Suite, Apt. #, etc. 632 Mindy Way
City & State Mansura LA	City & State ~~Campbell CA~~
Zip 71350 Country U.S.A.	Zip ~~95008~~ Country U.S.A.

4. FEI Number 68-0594336 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILSON, DAVID A ESQ. 1409 N.E. 22ND AVENUE OCALA, FL 34470	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID W 901 N. CENTRAL AVENUE CAMPBELL, CA 95008	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

*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 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 #