

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90020 039 ****50.00

DOCUMENT # L04000057271

1. Entity Name

EAGLE PLAZA SHOPPING CENTER, L.C.



Principal Place of Business

7150 HWY 1
 MANSURA LA 71350

Mailing Address

632 MINDY WAY
 SAN JOSE CA 95123



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

68-0594336

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

1st MOORE

CR2E083 (10/05)

6. Name and Address of Current Registered Agent

WILSON, DAVID A ESQ.
1409 N.E. 22ND AVENUE
OCALA FL 34470

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE: MGRM
 NAME: SMITH, DAVID W
 STREET ADDRESS: 632 Mindy Wy
 CITY-ST-ZIP: 901 N. CENTRAL AVENUE
 CAMPBELL CA 95008 San Jose CA 95123

10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *David W. Smith*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/1/06 408-226-1238
 Date Daytime Phone #