2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 06, 2005 8:00 am
Secretary of State
04-28-2005 90030 029 ****50.00

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DOCUMENT # L04000058524

1. Entity Name
EAGLE'S ROOST, LLC

Principal Place of Business	Mailing Address
30 SOUTH SHORE DRIVE , DESTIN, FL 32550 US	30 SOUTH SHORE DRIVE DESTIN, FL 32550 US

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
543 Harbor Blvd Ste 501 Suite, Apt. #, etc.	543 Harbor Blvd. Ste 501 Suite, Apt. #, etc.
City & State: Destin FL	City & State: Destin FL
Zip: 32541 Country:	Zip: 32541 Country:

4. FEI Number ☐ Applied For ☒ Not Applicable

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

6. Name and Address of Current Registered Agent

CADENHEAD & ASSOCIATES, P.A.
30 SOUTH SHORE DRIVE
DESTIN, FL 32550

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
543 Harbor Blvd # 501

City: Destin FL Zip Code: 32541

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 CADENHEAD, CHRIS E 30 SOUTH SHORE DRIVE DESTIN, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	543 Harbor Blvd. #501 Destin FL 32541	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BURGESS, WILLIAM J 30 SOUTH SHORE DRIVE DESTIN, FL 32550	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MCCORMICK, MICHAEL 30 SOUTH SHORE DRIVE DESTIN, FL 32550	☐ 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
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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

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: Chris Cadenhead CHRIS CADENHEAD 4/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #