


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 29, 2005 8:00 am**  
**Secretary of State**

07-29-2005 90082 019 \*\*\*\*50.00

DOCUMENT # L04000076580		
1. Entity Name SOARING EAGLE PROPERTIES, LLC		

Principal Place of Business 1 1/2 A STREET APT B ST AUGUSTINE, FL 32080 US	Mailing Address 1 1/2 A STREET APT B ST AUGUSTINE, FL 32080 US
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14019084



2. Principal Place of Business 116 San Rafael Rd. Suite, Apt. #, etc.	3. Mailing Address 116 San Rafael Rd. Suite, Apt. #, etc.
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06022005 Chg-LLC CR2E083 (10/03)

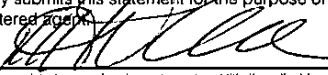
City & State St. Augustine	City & State St. Augustine
Zip FL	Country US

4. FEI Number 20 - 3123384	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	
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5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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7. Name and Address of New Registered Agent Name W.H. O'CONNELL & ASSOCIATES P.A. Street Address (P.O. Box Number is Not Acceptable) 2200 N. PONCE DE LEON BLVD. Ste. 10 City SAINT AUGUSTINE FL Zip Code 32084	
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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 6/5/05
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 September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GLENNON, DAMIEN 1 1/2 A STREET APT B ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	116 San Rafael Rd. St. Augustine, FL 32080 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE 6/5/05	DAYTIME PHONE # 904 315 0054
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		