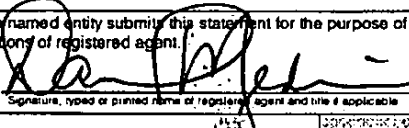
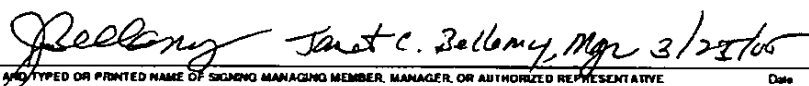


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 21, 2005 8:00 am
Secretary of State

04-04-2005 90433 045 ****50.00

DOCUMENT # L04000082572					
1. Entity Name SOARING EAGLE DEVELOPERS, LLC					
Principal Place of Business 211 KERNEYWOOD STREET LAKELAND FL 33803			Mailing Address 211 KERNEYWOOD STREET LAKELAND FL 33803		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1838144	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MEDINA, DANIEL LLM. DANIEL MEDINA, P.A. 464 WEST PIPKIN ROAD, SUITE 1 LAKELAND FL 33813			7. Name and Address of New Registered Agent Name: Daniel Medina LLM - Street Address (P.O. Box Number is Not Acceptable): C/O Daniel Medina P.A. 902 S. Florida Ave. Suite 101 City: Lakeland, FL 33803 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 3/29/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELLAMY, STEVE E 211 KERNEYWOOD STREET LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Janet C. Bellamy 211 Kerneywood St Lakeland, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Phillip Zedonek, MGR 211 Kerneywood St Lakeland, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Zedonek, MGR 211 Kerneywood St Lakeland, FL 33803	☐ 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:  Janet C. Bellamy, Mgr 3/29/05 803 802-5202					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					