

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082572

1. Entity Name
SOARING EAGLE DEVELOPERS, LLC



Principal Place of Business
**211 KERNEYWOOD STREET
LAKE LAND, FL 33803**

Mailing Address
**211 KERNEYWOOD STREET
LAKE LAND, FL 33803**



02202006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1838144

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MEDINA, DANIEL LLM
C/O DANIEL MEDINA P.A.
902 S FLORIDA AVE STE 101
LAKE LAND, FL 33803**

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BELLAMY, STEVE E
211 KERNEYWOOD STREET
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BELLAMY, JANET E
211 KERNEYWOOD ST
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZEDONEK, PHILLIP
211 KERNEYWOOD ST
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
ZEDONEK, LINDA
211 KERNEYWOOD ST
LAKE LAND, FL 33803**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000445564
03/07/06-80050-020 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/06 863-802-5262