## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083620

1. Entity Name EAGLE VIEW, LLC



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business

NAPLES, FL 34102

1250 NORTH TAMIAMI TRAIL SUITE 101 Mailing Address

1250 NORTH TAMIAMI TRAIL SUITE 101

NAPLES, FL 34102



## DO NOT WRITE IN THIS SPACE

04172007 No Chg-LLC

CR2E083 (11/05)

Daytime Phone #

4. FEI Number 35-2241844 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMERON, R. SCOTT 1250 NORTH TAMIAMI TRAIL SUITE 101 NAPLES, FL 34102

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

<ol> <li>The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</li> </ol>			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	R. SCOTT, CAMERON		
STREET ADDRESS CITY-ST-ZIP	1250 NORTH TAMIAMI TRAIL NAPLES. FL 34102		U00000744143
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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 recovery trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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