
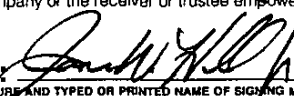


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90075 024 \*\*\*\*55.00

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DOCUMENT # L04000083668			
1. Entity Name DOUBLE EAGLE LAND DEVELOPMENT, L.L.C.			
Principal Place of Business 401 6TH STREET S.W. WINTER HAVEN, FL 33880		Mailing Address 401 6TH STREET S.W. WINTER HAVEN, FL 33880	
2. Principal Place of Business 6401 CYPRESS GARDENS BLVD		3. Mailing Address 6401 CYPRESS GARDENS BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER HAVEN, FL		City & State WINTER HAVEN, FL	
Zip 33884	Country USA	Zip 33884	Country USA
4. FEI Number 84-1661606		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent HILL, TIMOTHY 401 6TH STREET S.W. WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name HILL, TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 6401 CYPRESS GARDENS BLVD City WINTER HAVEN FL Zip Code 33884	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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	MGR HILL, JAMES W JR 401 6TH STREET S.W. WINTER HAVEN, FL 33880 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, JAMES W JR 6401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884 <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
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
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 606, Florida Statutes.			
SIGNATURE 		JAMES W. HILL, JR. 4-13-05 863-299-2161	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	