## 2006 MITED LIABILITY COMPANY ANNUAL REPORT

## **FILED** Mar 28, 2006 08:00 AM **Secretary of State**

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1. Entity Name DOUBLE EAGLE LAND DEVELOPMENT, L.L.C.



Principal Place of Business

STREET ADDRESS CITY-ST-DP

Mailing Address

6401 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884

6401 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03212006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number 84-1661606 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

HILL, TIMOTHY 6401 CYPRESS GARDENS BLVD WINTER HAVEN, FL 33884

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of chargions of registered agent.	rging its registered office	or registered agent, or both, in the S	state of Florida. I am familiar with, and accept	-	
SIGNATURE.						
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent sign	nature required <del>when</del> reinstating)	DATE	_	
Fi	iling Fee is \$50.00 ue by May 1, 2006		} 1347	J00000483097 11/Ub-80102-017 55. <b>0</b> 0		
9.	MANAGING MEMBERS/MANAGERS	- I			_	
TATLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HILL, JAMES W JR 6401 CYPRESS GARDENS BLVD. WINTER HAVEN, FL 33884	`				
Title Name Struet address City-St-Zip						
TITLE HAMIC STREET ADDRESS CITY-ST-ZIP			DO NO	T WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
THE NAME STREET ADDRESS CITY-ST-ZIP						
NTLE						

11. I hereby certify that the information supplied with this filling 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 cath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE