

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

|                                                                                           |                                                                                   |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # L04000083668</b><br>1. Entity Name<br>DOUBLE EAGLE LAND DEVELOPMENT, L.L.C. |  |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                     |                                                                         |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business<br>6401 CYPRESS GARDENS BLVD.<br>WINTER HAVEN, FL 33884 | Mailing Address<br>6401 CYPRESS GARDENS BLVD.<br>WINTER HAVEN, FL 33884 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

**DO NOT WRITE IN THIS SPACE**



03272007 No Chg-LLC

CR2E083 (11/05)

|                                                                      |                                                        |
|----------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>84-1661606</b>                                   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

6. Name and Address of Current Registered Agent

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

**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 reinstating) DATE

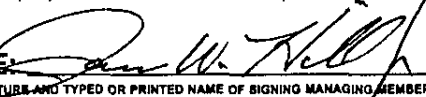
**Filing Fee is \$50.00  
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS                   |                                                                                 |
|------------------------------------------------|---------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HILL, JAMES W JR<br>6401 CYPRESS GARDENS BLVD.<br>WINTER HAVEN, FL 33884 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                 |

**DO NOT WRITE  
IN THIS SPACE**

U00000633673  
04/16/07-80047-023 55.00

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:  **4-3-07** **863-299-2161**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #