2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNOAL REPORT (AR)								L		
DOCUMENT # L04000085567 1. Entity Name							SECRET DIVISION (TARY OF S OF COREO	TATE	
EAGLE'S LANDING DEVELOPMENT COMPANY, LLC							06 JUN	-8 AM 10	VALIONS : No	
Principal Place of Business Mailing Address									00	
1234 AIRPORT ROAD STE. 215 1234 AIRPORT ROAD STE.					5					
DESTIN FL 32541 T234 AIRPORT ROAD STE. 215 DESTIN FL 32541 DESTIN FL 32541										
	Legenda	ry Drive	<u> </u>	4300 Legendary Drive						
Suite Apr. # epc.			Suite 204			1	t MOORE	CR2E083	<u> </u>	plied For
Destrif, FL			Cit Destin, FL			4. FEI Numb	59-37550		No	t Applicable
32541 Country			^{Zip} 32541	Country			e of Status Desired	, L	55.00 Addi ee Required	
6. Name and Address of Current Registered Agent					Name	7. Name and	d Address of New	/ Hegistered A	gent	
OLSON, RICHARD 1234 AIRPORT ROAD STE. 2 15300 Legendary Drive					Street Address (P.O. Box Number is Not Acceptable)					
DESTIN FL 32541 Suite 204								<u> </u>		
					City			FL	Zip Code	
8. The above named entities benits 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 entire registered agent.										
SIGNATURE Appropriate transport registers appropriate transpor										
FILE NOW!!! FEE IS \$50.00										
Make Check ayable to Florida Department of State. Due By May 1, 2006										
9. MANAGING MEMBERS/MANAGERS 10.							ADDITION	IS/CHANGES		
TITLE	MGRM		Delete	TITLE					Change	☐ Addition
NAME	OLSON & ASSOCIATES OF NW FLORIDA, INC.				E	200 I acc	adami Dulina	C4= 204		
STREET ADDRESS CITY-ST-ZIP	1234 AIRF	PORT ROAD STE. 215 L 32541				Destin, FL	ndary Drive 32541	, Ste 204		
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NAME	l l				E	20	000763	embas		
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CITY-ST-ZIP				1	-ST-ZIP					
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CITY-ST-ZIP					-ST-ZIP					
TITLE			☐ Delete	mu					Change	☐ Addition
NAME				NAM						
STREET ADDRESS CITY-ST-ZIP		 		CITY	ET ADDRESS - ST- ZIP	·				
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 repairer or trustee employered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNATURE SIGNATURE AND TYPED OR BATTLED WARE OF SIGNING MASHAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Daylore Prone &										
	BIGNATURE	AND THE OH BUTHLED NAME OF	SIGNING MADAGING MEMBER, MA	MAGEH, OF	AUI MUHIZED REPRES	ENTATIVE	Date	٥	syume Phone #	