

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90002 009 \*\*\*\*50.00

**20061192**



<b>DOCUMENT # L04000091943</b> 1. Entity Name <b>EAGLE INVESTMENT PROPERTIES, L.L.C.</b>					
Principal Place of Business <b>485 CHICKEE COURT</b> <b>LAKE MARY, FL 34746 US</b>			Mailing Address <b>485 CHICKEE COURT</b> <b>LAKE MARY, FL 34746 US</b>		
2. Principal Place of Business <b>1220 Douglas Ave #101</b> Suite, Apt. #, etc.		3. Mailing Address <b>1220 Douglas Ave</b> Suite, Apt. #, etc. <b>Suite 101</b>			
City & State <b>Longwood, FL.</b>		City & State <b>Longwood, FL.</b>		4. FEI Number <b>59-3350978</b>	
Zip <b>32779</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEATHERFORD, WILLIAM P JR</b> <b>1150 LOUISIANA AVENUE</b> <b>SUITE 4</b> <b>WINTER PARK, FL 32789</b>			7. Name and Address of New Registered Agent Name <b>R. Edward Cooley</b> Street Address (P.O. Box Number is Not Acceptable) <b>1450 S.R. 434 West Suite 200</b> City <b>Longwood</b> <b>FL</b> Zip Code <b>32750</b>		
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 <span style="float: right;">6-29-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINFORD, MICHAEL A M.D. 210 SOUTH PARK, SUITE 102 SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Douglas Maniscalco 1220 Douglas Ave #101 Longwood, FL 32779	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ESPINOLA, ARTURO M.D. 210 SOUTH PARK, SUITE 102 SANFORD, FL 32771	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert G. Dello Russo 109 COMMERCE STREET LAKE MARY, FL 32746	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BINFORD, THOMAS 210 SOUTH PARK, SUITE 102 SANFORD, FL 32771	<input checked="" 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	MGR LESLIE, MATTHEW 485 CHICKEE COURT LAKE MARY, FL 32746	<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 608, Florida Statutes.					
<b>SIGNATURE:</b> <b>DOUGLAS MANISCALCO</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>6-29-05</b> (407)539-2212 <small>Daytime Phone #</small>		