2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023900

Entity Name: EAGLES NEST, LLC

Name:

Address:

City-St-Zip:

980 MACK BAYOU ROAD #3

SANTA ROSA BEACH, FL 32459 US

FILED Jul 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3119 HIGHWAY 2 LAUREL HILL, FL 32567 US **Current Mailing Address: New Mailing Address:** 3119 HIGHWAY 2 LAUREL HILL, FL 32567 US FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAW OFFICES OF LAMAR A. CONERLY, P.A. 4481 LEGENDARY DRIVE SUITE 200 DESTIN, FL FL US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition STUCKI, THERESA D Name: Name: Address: 3119 HIGHWAY 2 Address: City-St-Zip: LAUREL HILL, FL 32567 FL City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: AKERS, STEPHEN D Name: Address: 4456 CLIPPER COVE Address: City-St-Zip: DESTIN, FL 32541 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition THORNTON, THOMAS M Name: Name: 295 RUGBY COVE ROAD Address: Address: City-St-Zip: ARNOLD, MD 21012 US City-St-Zip: () Delete Title: MGR Title: () Change () Addition HENDERSON, JOHN G

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: THERESA D. STUCKI **MGRM** 07/10/2006