

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023900

Entity Name: EAGLES NEST, LLC

FILED
May 09, 2007
Secretary of State

Current Principal Place of Business:

3119 HIGHWAY 2
LAUREL HILL, FL 32567 US

New Principal Place of Business:

Current Mailing Address:

3119 HIGHWAY 2
LAUREL HILL, FL 32567 US

New Mailing Address:

FEI 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:

Title: MGRM () Delete
Name: STUCKI, THERESA D
Address: 3119 HIGHWAY 2
City-St-Zip: LAUREL HILL, FL 32567 FL

Title: MGR () Delete
Name: AKERS, STEPHEN D
Address: 4456 CLIPPER COVE
City-St-Zip: DESTIN, FL 32541 US

Title: MGR () Delete
Name: THORNTON, THOMAS M
Address: 295 RUGBY COVE ROAD
City-St-Zip: ARNOLD, MD 21012 US

Title: MGR () Delete
Name: HENDERSON, JOHN G
Address: 980 MACK BAYOU ROAD #3
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: THERESA D. STUCKI

MGRM

05/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date