2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006
Secretary of State

DOCUMENT# L05000025137

Entity Name: EAGLE ROCK PROPERTIES, L.L.C.

Current Principal Place of Business:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Principal Place of Business:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

Current Mailing Address:

24 WEST CHASE STREET
PENSACOLA, FL 32502

New Mailing Address:

2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOZIER, THAMES & FRAZIER, P.A.
24 WEST CHASE STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

BORDELON & SCHULTZ LAW FIRM, P.L.
2721 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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: KERRY ANNE SCHULTZ, ESQUIRE 04/21/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MBR ( ) Change (X) Addition
Name: ROBERTS, KYLE
Address: 7523 NORTHPOINTE BOULEVARD
City-St-Zip: PENSACOLA, FL 32514

Title: MBR ( ) Change (X) Addition
Name: ROBERTS, JENNIFER
Address: 7523 NORTHPOINTE BOULEVARD
City-St-Zip: PENSACOLA, FL 32514

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.

SIGNATURE: KYLE ROBERTS MBR 04/21/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date