

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000025858

Entity Name: EAGLE HEIGHTS, LLC

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

441 MCDANIEL STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

441 MCDANIEL STREET  
TALLAHASSEE, FL 32303 US

**Current Mailing Address:**

441 MCDANIEL STREET  
TALLAHASSEE, FL 32303

**New Mailing Address:**

441 MCDANIEL STREET  
TALLAHASSEE, FL 32303 US

FEI Number: 26-0113906

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKOFRONICK, JAMES G  
441 MCDANIEL STREET  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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  
Name: SKOFRONICK, JAMES G MR  
Address: 441 MCDANIEL STREET  
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM  
Name: SKOFRONICK, JAMES G MR  
Address: 441 MCDANIEL ST.  
City-St-Zip: TALLAHASSEE, FL 32303 US

I hereby 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: JAMES G SKOFRONICK

MGRM

01/07/2012

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