

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

4/2

FILED
May 30, 2006 8:00 am
Secretary of State

04-20-2006 90032 004 ****50.00

DOCUMENT # L05000045520

1. Entity Name

EAGLE NEST PROPERTIES LLC



Principal Place of Business

142 PINE HILL TRAIL WEST
TEQUESTA FL 33469

Mailing Address

142 PINE HILL TRAIL WEST
TEQUESTA FL 33469

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2806829

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/05)



6. Name and Address of Current Registered Agent

RIPMA, GORDON
142 PINE HILL TRAIL WEST
TEQUESTA FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when transferring)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete
NAME	RIPMA, GORDON R	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	MGR	☐ Delete
NAME	RIPMA, JERILEE	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	MGR	☐ Delete
NAME	GREENE, GIL C	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE	MGR	☐ Delete
NAME	GREENE, GIL G	
STREET ADDRESS	142 PINE HILL TRAIL WEST	
CITY- ST- ZIP	TEQUESTA FL 33469	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

10. ADDITIONS / CHANGES

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/31/06

561 744 0301