


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000045520 1. Entity Name EAGLE NEST PROPERTIES LLC	
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Principal Place of Business 142 PINE HILL TRAIL WEST TEQUESTA FL 33469	Mailing Address 142 PINE HILL TRAIL WEST TEQUESTA FL 33469
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E083 (10/06)

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 _____
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4. FEI Number 20-2806829	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	RIPMA, GORDON R
STREET ADDRESS	142 PINE HILL TRAIL WEST
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	MGR <input type="checkbox"/> Delete
NAME	RIPMA, JERILEE
STREET ADDRESS	142 PINE HILL TRAIL WEST
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	MGR <input type="checkbox"/> Delete
NAME	GREENE, GIL C
STREET ADDRESS	142 PINE HILL TRAIL WEST
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	MGR <input type="checkbox"/> Delete
NAME	GREENE, GIL G
STREET ADDRESS	142 PINE HILL TRAIL WEST
CITY-ST-ZIP	TEQUESTA FL 33469
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000691807
STREET ADDRESS	04/13/07-80025-016 50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gordon Ripma* **GORDON RIPMA** 4/2/07 (SD) 7440301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #