


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000045520**

1. Entity Name  
**EAGLE NEST PROPERTIES LLC**



Principal Place of Business      Mailing Address

**142 PINE HILL TRAIL WEST**      **142 PINE HILL TRAIL WEST**  
**TEQUESTA FL 33469**              **TEQUESTA FL 33469**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

1st MOORE      CR2E083 (10/07)

4. FEI Number      Applied For

**20-2806829**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State.**

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		
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		

04/16/08-80005-014 138.75

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 R RIPMA**      4/1/08      561 7440301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Day      Daytime Phone #