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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR -5 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000098367

1. Entity Name
EAGLE REAL ESTATE SOLUTIONS, LLC

Principal Place of Business	Mailing Address
200 E CENTRAL AVENUE, UNIT #1 WINTER HAVEN, FL 33880	200 E CENTRAL AVENUE, UNIT #1 WINTER HAVEN, FL 33880

07262006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
153 Avenue J SE	P.O Box 2604
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Winter Haven	City & State: Winter Haven
Zip: 33880 Country: Polk	Zip: 33883 Country: Polk

4. FEI Number — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GORDON, MEL 200 E CENTRAL AVENUE, UNIT #1 WINTER HAVEN, FL 33880 153 Avenue J South East Winter Haven, FL 33880	Name: Mel Gordon / Maria-Isabel Campos Gordon Street Address (P.O. Box Number is Not Acceptable): 153 Avenue J Winter Haven PO Box 2604 FL 33880 City: Winter Haven FL Zip Code: 33883

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: Mel Gordon Maria Isabel Campos Gordon DATE: 10/6/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

Filing Fee is $50.00
Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR GORDON, MEL 200 E CENTRAL AVENUE, UNIT #1 WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Gordon, Mel PO Box 2604 Winter Haven, 33883	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CAMPOS, MARIA-ISABEL 200 E CENTRAL AVENUE, UNIT #1 WINTER HAVEN, FL 33880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Campos-Gordon, Maria-Isabel PO Box 2604 Winter Haven, 33883	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000008088838.20 10/17/06--01009--030 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	000092638310 03/14/07--01041--011 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[illegible] 06-07	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Mel Gordon Maria Isabel Campos Gordon 877-422-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #