

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099106

Entity Name: BLUE EAGLE REALTY LLC

FILED  
Aug 27, 2007  
Secretary of State

**Current Principal Place of Business:**

14918 60TH CT NORTH  
HOME  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

14918 60TH CT NORTH  
HOME  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 20-3646500      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

ZAWACKIS, NICHOLAS  
14918 60TH CT NORTH  
LOXAHATCHEE, FL 33470      US

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 ( ) Delete  
Name: ZAWACKIS, NICHOLAS  
Address: 14918 60TH CT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGRM ( ) Delete  
Name: ZAWACKIS, LYNN  
Address: 14918 60TH CT NORTH  
City-St-Zip: LOXAHATCHEE, FL 33470

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: NICHOLAS ZAWACKIS

MGRM

08/27/2007

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