

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90009 031 \*\*\*\*55.00

**DOCUMENT # L05000105445**

1. Entity Name

OLD & BALD EAGLE ENTERPRISE, LLC



Principal Place of Business  
2715 BARRETT RD.  
JACKSONVILLE, FL 32246

Mailing Address  
2715 BARRETT RD.  
JACKSONVILLE, FL 32246

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03232006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-3745321

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

BOWMAN, STEPHEN P  
2715 BARRETT RD.  
JACKSONVILLE, FL 32246

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BOWMAN, STEPHEN P  
2715 BARRETT RD.  
JACKSONVILLE, FL 32246 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
BOWMAN, SYLVIA E  
2715 BARRETT RD.  
JACKSONVILLE, FL 32246 ☐ Delete

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

TITLE  
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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:

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

Date

Daytime Phone #

23 MAR 2006 9046418929