

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108870

FILED  
Jan 20, 2006  
Secretary of State

**Entity Name:** EAGLE PROPERTY SOLUTIONS, LLC

**Current Principal Place of Business:**

3545 PINE RIDGE ROAD  
SUITE 500  
NAPLES, FL 34109 US

**New Principal Place of Business:**

**Current Mailing Address:**

3545 PINE RIDGE ROAD  
SUITE 500  
NAPLES, FL 34109 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

DEMAREST, JAMES T  
3545 PINE RIDGE ROAD  
SUITE 500  
NAPLES, FL 34109 US

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

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: MGR ( ) Delete  
Name: DEMAREST, JAMES T  
Address: 3545 PINE RIDGE ROAD, SUITE 500  
City-St-Zip: NAPLES, FL 34109 US

Title: MGR ( ) Delete  
Name: DEMAREST, KARYSIA L  
Address: 3545 PINE RIDGE ROAD, SUITE 500  
City-St-Zip: NAPLES, FL 34109 US

**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 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: JAMES T. DEMAREST                      MGR                      01/20/2006

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