

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005779

Entity Name: EAGLESWING, LLC

FILED
Jan 28, 2007
Secretary of State

Current Principal Place of Business:

21364 NW CR2054
ALACHUA, FL 32615

New Principal Place of Business:

Current Mailing Address:

21364 NW CR2054
ALACHUA, FL 32615

New Mailing Address:

FEI Number: 20-4108898

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLFE, ROBERT C
500 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601 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: MGRM () Delete
Name: WOOLFE, R.C.
Address: 21364 NW CR2054
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: WOOLFE, D.R.
Address: 21364 NW CR2054
City-St-Zip: ALACHUA, FL 32615

Title: MGRM () Delete
Name: WOOLFE, M.C.
Address: 660 ST. JOHNS COURT
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: KRAJIC, J.L.
Address: 830 N. VILLAGE LAKE DRIVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

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

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

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: R.C. WOOLFE

MGMR

01/28/2007

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