


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90018 004 ****50.00

DOCUMENT # L06000010195 1. Entity Name EAGLE POINT REALTY, L.L.C.																											
Principal Place of Business 1834 S.E. WASHINGTON STREET STUART, FL 34997		Mailing Address 1834 S.E. WASHINGTON STREET STUART, FL 34997																									
2. Principal Place of Business - No P.Q. Box # 1834 SE Washington		3. Mailing Address 1834 SE Washington St																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State Stuart FL		City & State Stuart FL																									
Zip 34997		Zip 34997																									
Country USA		Country USA																									
4. FEI Number 		Applied For <input checked="" type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent JOHNSON, LINNEA 2 OAK HILL WAY STUART, FL 34996		7. Name and Address of New Registered Agent 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 <u><i>Linnea Johnson</i></u> <small>Signature, typed or printed name of registered agent and applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE <u>1-17-07</u>																									
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOHNSON, LINNEA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1834 S.E. WASHINGTON STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>STUART, FL 34997</td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	JOHNSON, LINNEA		STREET ADDRESS	1834 S.E. WASHINGTON STREET		CITY-ST-ZIP	STUART, FL 34997		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u><i>Linnea Johnson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date <u>1-17-07</u> <small>Daytime Phone #</small>																									