

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026181

FILED
May 13, 2007
Secretary of State

Entity Name: ECLIPSE PROPERTY SERVICES, LLC.

Current Principal Place of Business:

509 S. CHICKASAW TRAIL
#382
ORLANDO, FL 32825 US

New Principal Place of Business:

509 S. CHICKASAW TRAIL
#186
ORLANDO, FL 32825 US

Current Mailing Address:

509 S. CHICKASAW TRAIL
#382
ORLANDO, FL 32825 US

New Mailing Address:

509 S. CHICKASAW TRAIL
#186
ORLANDO, FL 32825 US

FEI Number: 20-4476321 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:

CONTRERAS, KENNETH
509 S. CHICKASAW TRAIL
#382
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

CONTRERAS, KENNETH
509 S. CHICKASAW TRAIL
#186
ORLANDO, FL 32825 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: KENNETH CONTRERAS

05/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CONTRERAS, KENNETH
Address: 509 S. CHICKASAW TRAIL #382
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CONTRERAS, KENNETH
Address: 509 S. CHICKASAW TRAIL #186
City-St-Zip: ORLANDO, FL 32825 US

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: KENNETH CONTRERAS

MGR

05/13/2007

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