

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2008 8:00 am
Secretary of State

05-13-2008 90064 046 ***138.75

DOCUMENT # L06000028817
 1. Entity Name
EAGLE BAY OFFICE DEVELOPMENT LLC



60040100

Principal Place of Business
8335 NW 64 STREET
MIAMI, FL 33166

Mailing Address
8335 NW 64 STREET
MIAMI, FL 33166



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01172008 Chg-LLC CR2E083 (12/06)

City & State
 City & State

Zip Country Zip Country

4. FEI Number
20-4740367

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

NESSELER, FRANK J
8335 NW 64 STREET
MIAMI, FL 33166

Name
Barthel Alexander Esq

Street Address (P.O. Box Number is Not Acceptable)
200 S. Biscayne Blvd

Suite
Suite 600

City
Miami

FL Zip Code
33133

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
MGRM Delete

NAME
NESSELER, FRANK J

STREET ADDRESS
8335 NW 64 STREET

CITY-ST-ZIP
MIAMI, FL 33166

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
MGRM Delete

NAME
NOTHEIS, WALTER

STREET ADDRESS
13200 SW 128 STREET, SUITE E-1

CITY-ST-ZIP
MIAMI, FL 33186

TITLE Change Addition

NAME
MGRM

STREET ADDRESS
Notheis, Walter

CITY-ST-ZIP
105 Pinnacle Point Drive
St. Marys, GA 31558

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

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STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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]* DATE: *4/22/08* DAYTIME PHONE #: *305-591-2155*

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