

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047155

**FILED**  
**Mar 28, 2007**  
**Secretary of State**

**Entity Name:** EAGLES NEST YACHTING, LLC

**Current Principal Place of Business:**

1592 QUINN DR  
ROCKLEDGE, FL 32955

**New Principal Place of Business:**

3810 MURRELL ROAD  
SUITE 406  
ROCKLEDGE, FL 329554756 US

**Current Mailing Address:**

1592 QUINN DR  
ROCKLEDGE, FL 32955

**New Mailing Address:**

3810 MURRELL ROAD  
SUITE 406  
ROCKLEDGE, FL 329554756 US

**FEI Number:** 14-1961168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CASBURN, MARK A  
1592 QUINN DR  
ROCKLEDGE, FL 32955 US

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

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD  
SUITE 505  
MELBOURNE, FL 32901 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:** /J. PATRICK ANDERSON/

03/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** CASBURN, MARK A  
**Address:** 1592 QUINN DR  
**City-St-Zip:** ROCKLEDGE, FL 32955 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CASBURN, MARK A  
**Address:** P.O. BOX 541867  
**City-St-Zip:** MERRITT ISLAND, FL 329541867 US

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:** /MARK A. CASBURN/

MGRM

03/28/2007

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