## 2007 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT** DOCUMENT #L06000068553



**FILED** Apr 18, 2007 8:00 am Secretary of State 03-27-2007 90196 003 \*\*\*\*50.00

NAME SIREET ADDRESS CITY-ST-ZIP  IITLE SIREET ADDRESS CITY-ST-ZIP	t. Entity Nam EAGLE H		EAD LLC										
Suita. Apl. #, etc.    Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Suita. Apl. #, etc.   Applicable   Appli	3201 NW MIL	LAM DAIRY I	RD	3201 NW MILAM DAIRY RD				30005113					
Cry & State  City & State  City & State  City & State  Country  20 - 8	2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address									
Title	Suite. Apt.	#. etc.	<u></u>	Suite, Apt. #, etc.				01172007	Chg-LLC	CR	2E083 (12/06)		
S. Certificates of Status Desired	City & State	e		City & State				4. FEI Numb	860811	4			
MURAI WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1-B CORAL GABLES, FL 33145  City  City  FL  Zip Code  Ci	Zip		Country	Zip	Country			5. Certificate	ol Status Desire	d □			
MURAL WALD BIONDO MORENO & BROCHIN, P.A. TWO ALHAMBRA PLAZA PENTHOUSE 1-B CORAL GABLES, FL 33145  City FL Zip Code  6. 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 lamiliar with, and accept the obligations of registered agent.  SIGNATURE  Filling Foe is \$50.00 Due by filey 1, 2007  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  9. MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  10.		6. Name	and Address of Current R					7. Name and	d Address of Ne	w Registe	red Agent		
A. The above named entity submits this statement for the purpose of changing its registered opent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature  Filling Fee is \$50.00  Out- by May 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State  Policy Blay 1, 2007  Maha check payable to Florida Department of State	TWO ALHAMBRA PLAZA PENTHOUSE 1-B												
8. The above named entity automits 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    Signature						City					Zip Cod	e	
PINE MANY 1, 2007  MANAGING MEMBERS/MANAGERS  10. ADDITIONS/CHANGES  TITLE MGR Delete MGR Delete DEL CRUZ, CARLOS M SR. SIREET ADDRESS CITY-ST-7P  TITLE MANK DE LA CRUZ, CARLOS M SR. SIREET ADDRESS CITY-ST-7P  TITLE MANK DELETE MANK DELETE MANK CITY-ST-7P  TITLE MANK DELETE MANK SIREET ADDRESS CITY-ST-7P  TITLE MANK SIREET ADDRESS	the obligat	ions of regis	tered agent.						oth, in the State o			and accept	
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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	NAME STREET ADDRESS CITY-SI-ZIP				NAM STRI CITY	EET ADDRESS '-SI-ZIP						☐ Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.