

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070423

FILED
Jan 07, 2009
Secretary of State

Entity Name: EAGLE POINTE HOLDINGS, LLC

Current Principal Place of Business:

1265 HORSE & CHAISE BLVD.
VENICE, FL 34285

New Principal Place of Business:

20065 GALLERIA BLVD
VENICE, FL 34293

Current Mailing Address:

POB 558
VENICE, FL 34284

New Mailing Address:

FEI Number: 20-8427896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODGERS, RICHARD D
1265 HORSE & CHAISE BLVD
VENICE, FL 34285 US

Name and Address of New Registered Agent:

RODGERS, RICHARD D
20065 GALLERIA BLVD
VENICE, FL 34293 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: RICHARD D RODGERS

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RODGERS, RICHARD D
Address: 1265 HORSE & CHAISE BLVD.
City-St-Zip: VENICE, FL 34285

Title: MGR () Delete
Name: RODGERS, REX S
Address: 1265 HORSE & CHAISE BLVD.
City-St-Zip: VENICE, FL 34285

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RODGERS, RICHARD D
Address: 20065 GALLERIA BLVD
City-St-Zip: VENICE, FL 34293

Title: MGR (X) Change () Addition
Name: RODGERS, REX S
Address: 20065 GALLERIA BLVD
City-St-Zip: VENICE, FL 34293

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: RICHARD D RODGERS

MGR

01/07/2009

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