

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000074119

FILED
Jan 15, 2008
Secretary of State

Entity Name: RELIANCE-ECLIPSE WEST, LLC

Current Principal Place of Business:

805 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

805 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-5274464

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JACKSON, ROBERT O
805 EAST BROWARD BOULEVARD, SUITE 200
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JACKSON, ROBERT O
Address: 805 E. BROWARD BOULEVARD #200
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: JANTON, STEPHEN R
Address: 805 E. BROWARD BOULEVARD #200
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: CAPELLE, MICHAEL R
Address: 805 E. BROWARD BOULEVARD #200
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT O. JACKSON

MGR

01/15/2008

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