2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Feb 08, 2007
Secretary of State

DOCUMENT# L06000106118

Entity Name: EAGLEVIEW NORTHWEST, LLC

Current Principal Place of Business:

1106 CAMELOT CIRCLE
NAPLES, FL 34119

New Principal Place of Business:

2664 AIRPORT ROAD S
NAPLES, FL 34112

Current Mailing Address:

1106 CAMELOT CIRCLE
NAPLES, FL 34119

New Mailing Address:

2664 AIRPORT ROAD S.
NAPLES, FL 34112

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSNER, CURTIS B
1106 CAMELOT CIRCLE
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

CURTIS CASSNER REGISTERED AGENT, LLC
2664 AIRPORT ROAD S
NAPLES, FL 34112 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: CURTIS CASSNER 02/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PASSIDOMO, KATHLEEN C
Address: 2390 TAMIAMI TRAIL NORTH, #204
City-St-Zip: NAPLES, FL 34103

Title: MGRM ( ) Delete
Name: CASSNER, CURTIS B
Address: 1106 CAMELOT CIRCLE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CASSNER, CURTIS B
Address: 2664 AIRPORT ROAD SOUTH
City-St-Zip: NAPLES, FL 34112

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

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: CURTIS CASSNER MGRM 02/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date