2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 19, 2007 8:00 am Secretary of State DOCUMENT # L06000122806 02-28-2007 90152 009 ****50.00 1. Entity Name EAGLE PARK, LLC Principal Place of Business Mailing Address 941 SW 8TH STREET POMPANO BEACH FL 33069 941 SW 8TH STREET POMPANO BEACH FL 33069 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 20-0901475 Not Applicable Ziρ Country Ziα Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MURRAY, JOHN E 941 SW 8TH STREET Streat Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Squature, typed or printed name of regulated again and title if applicable. (NOTE Registered Agent signature required when revisitablic) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MILE IIIE Change ■ Addition MGR Derete NAME MURRAY, JOHN E NAME STREET ADDRESS STREET ADDRESS 941 SW 8TH STREET CITY-ST-21P POMPANO BEACH FL 33069 CITY-ST-7IP ME Delete ME ☐ Change ☐ Addition NAME NAME MURRAY, JACQUELINE A STREET ADDRESS STREET ADORESS 941 SW 8TH STREET CITY ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33069 Delete ME Change ☐ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-74P CITY - ST-ZIP 11ft£ ☐ Delete Change ☐ Addition TETLE NAME NAME STREET ADDRESS STRUET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition MILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C/TY - ST- ZIP CITY-ST-7IP TITLE Delete TIRE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with/this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is are and accurate and that my signature shall have the same legal effect as it 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. 954-782-0951 2-20-07 John E. Murray SIGNATURE NAME OF SIGNING MANAGING MEMBER, MANAGER, OF AUTHORIZED REPRESENTATIVE Date Cavirie Priore 4

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