

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90225 011 \*\*\*138.75

60013130



01292008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000090162			
1. Entity Name THE GREEN VALLEY AT DESTINY, LLC			
Principal Place of Business 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444		Mailing Address 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REAMER, JOSEPH 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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 familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE ONE MANAGEMENT, LLC 101 PUGLIESE'S WAY DELRAY BEACH, FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 indicated on this report is true and accurate and that my 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: _____		Date: 3/11/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 561-454-1664	