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Jun 24, 2008 8:00 am
Secretary of State

05-20-2008 90054 037 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000101020

1. Entity Name
FEAGLES FISHERS ISLAND, LLC

30009871

Principal Place of Business	Mailing Address
635 RIOMAR DRIVE VERO BEACH, FL 32963 US	635 RIOMAR DRIVE VERO BEACH, FL 32963 US

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

05142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-1186207 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAUER, E. STEVEN 3426 OCEAN DRIVE VERO BEACH, FL 32963	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 ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FEAGLES, ROBERT W 635 RIOMAR DRIVE VERO BEACH, FL 32963	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Robert W. Feagles 5/15/08 772 231 6044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT
300097871
L07000101020

E. STEVEN LAUER, PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

3426 Ocean Drive
P.O. Box 3343
Vero Beach, FL 32964-3343
772-234-4200
Fax 772-234-4249
www.verolaw.org

June 19, 2008

E. Steven Lauer
Certified Will, Trusts & Estates Specialist
Certified Tax Specialist
772-234-4200
slauer@verolaw.org

Certified Mail, # 7007-0220-0001-7653-0077
Return Receipt Requested

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: Feagles Fishers Island, LLC

Dear Sir or Madam:

Enclosed please find the following:

1. A copy of your letter dated May 30, 2008.
2. The completed copy of the 2008 Limited Liability Company Annual Report for the above-referenced entity.

If you have any questions, please do not hesitate to contact me.

Sincerely,

E. Steven Lauer

ESL/mjd
Enclosures

cc: Robert Feagles