2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L98000003487

Entity Name: EAGLE POINT HOLDINGS, LLC

Current Principal Place of Business:

453 RIVERSIDE DRIVE, SUITE 1
STUART, FL 34994

New Principal Place of Business:

453 SE RIVERSIDE DRIVE SUITE 1
STUART, FL 34994

Current Mailing Address:

453 RIVERSIDE DRIVE, SUITE 1
STUART, FL 34994

New Mailing Address:

453 SE RIVERSIDE DRIVE SUITE 1
STUART, FL 34994

FEI Number: 65-0887810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOBKO, NOEL A
2400 SE FEDERAL HIGHWAY
STUART, FL 34994 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: MGRM ( ) Delete
Name: FOGEL, MICHAEL
Address: 453 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: MGRM ( ) Delete
Name: FOGEL TRIBBLE, JODI RACHEL
Address: 453 RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FOGEL, MICHAEL
Address: 453 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Change ( ) Addition
Name: FOGEL TRIBBLE, JODI RACHEL
Address: 453 SE RIVERSIDE DRIVE
City-St-Zip: STUART, FL 34994

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: MICHAEL FOGEL MGRM 04/22/2008

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