

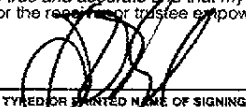


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000006718 1. Entity Name EAGLE GROVE, L.C.																																																																													
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950			Mailing Address POST OFFICE DRAWER 511447 PUNTA GORDA, FL 33951-1447																																																																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 03152004 Chg-LLC CR2E083 (10/03)																																																																									
City & State		City & State																																																																											
Zip	Country	Zip	Country																																																																										
4. FEI Number 65-0956382		Applied For <input type="checkbox"/> Not Applicable																																																																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HACKETT, JACK O II 99 NESBIT STREET PUNTA GORDA, FL 33950																																																																									
7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																													
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State		9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">MGR</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>INGRAM, BRUCE B JR.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7400 STATE ROAD 544</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>WINTER HAVEN, FL 33881</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>HACKETT, JACK O II</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1869 CITRON STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CHARLOTTE HARBOR, FL 33980</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CARR, DAROL H.M.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6330 RIVERSIDE DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGR</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WINSLOW, GEORGE A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2825 TAMiami TRAIL, BLDG C</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	MGR	<input type="checkbox"/> Delete	NAME	INGRAM, BRUCE B JR.		STREET ADDRESS	7400 STATE ROAD 544		CITY-ST-ZIP	WINTER HAVEN, FL 33881		TITLE	MGR	<input type="checkbox"/> Delete	NAME	HACKETT, JACK O II		STREET ADDRESS	1869 CITRON STREET		CITY-ST-ZIP	CHARLOTTE HARBOR, FL 33980		TITLE	MGR	<input type="checkbox"/> Delete	NAME	CARR, DAROL H.M.		STREET ADDRESS	6330 RIVERSIDE DRIVE		CITY-ST-ZIP	PUNTA GORDA, FL 33950		TITLE	MGR	<input type="checkbox"/> Delete	NAME	WINSLOW, GEORGE A		STREET ADDRESS	2825 TAMiami TRAIL, BLDG C		CITY-ST-ZIP	PUNTA GORDA, FL 33950		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		Jack O. Hackett II, Manager		4/14/04 941-639-1158																																																																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>																																																																									