



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90158 041 ****50.00

| | | | | | |
|---|----------------------|--|--|--|--|
| DOCUMENT # M04000003561 1. Entity Name JV EAGLE, LLC | | | |  | |
| Principal Place of Business 8721 49TH TERRACE E. BRADENTON, FL 34211 | | | Mailing Address 8721 49TH TERRACE E. BRADENTON, FL 34211 | | |
| 2. Principal Place of Business | | 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 BRITT, VICTOR H III 8721 49TH TERRACE E. BRADENTON, FL 34211 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ <small>Signature, typed or printed name of registered agent and the filer (applicable). (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HENDERSON, JOHN | | NAME | | |
| STREET ADDRESS | 8725 49TH TERRACE E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34211 | | CITY-ST-ZIP | | |
| TITLE | MGRM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HENDERSON, RITA | | NAME | | |
| STREET ADDRESS | 8725 49TH TERRACE E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34211 | | CITY-ST-ZIP | | |
| TITLE | MGRM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRITT, VICTOR | | NAME | | |
| STREET ADDRESS | 8721 49TH TERRACE E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34211 | | CITY-ST-ZIP | | |
| TITLE | MGRM | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BRITT, GRETA | | NAME | | |
| STREET ADDRESS | 8721 49TH TERRACE E. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BRADENTON, FL 34211 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  | | | 2/7/05 941-739-5650 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |