

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90320 029 ****55.00

DOCUMENT # M97000000225

1. Entity Name

EAGLE EYE DEVELOPMENT, L.L.C.



Principal Place of Business

2015 E. MAIN AVE.
BISMARCK ND 58501-4935

Mailing Address

2015 E. MAIN AVE.
BISMARCK ND 58501-4935

20012571

2. Principal Place of Business

9322 Island Rd.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4021

Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State

BISMARCK ND

City & State

BISMARCK ND

4. FEI Number

45-0441037

Applied For

Not Applicable

Zip

58503-9731 BURLINGHAM

Country

Zip

58501-4021 BURLINGHAM

Country

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MOSLEY, CURTIS
MOSLEY, WALLIS & WHITEHEAD
1221 E. NEW HAVEN AVE.
MELBOURNE FL 32902-1210

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	BERTSCH, LELAND	9322 ISLAND ROAD	BISMARCK ND 58203-9231	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Angela Wagner* **ANGELA WAGNER** 1-9-03 701-223-6515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)