
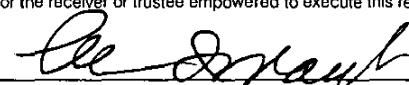


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 22, 2007 8:00 am
Secretary of State

05-22-2007 90180 020 ****50.00

DOCUMENT # L02000005546 1. Entity Name 300 EAST, LLC					
Principal Place of Business 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435			Mailing Address 6301 N. OCEAN BLVD. OCEAN RIDGE, FL 33435		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 45-0472360	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDSTEIN, DAVID M ESQ. 200 S. BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Goldstein, David M. Esq. Street Address (P.O. Box Number is Not Acceptable) 1441 Brickell Ave., Suite 1003 City Miami FL Zip Code 33131	
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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN 200 S. BISCAYNE BLVD. SUITE 1880 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MALNIK, ALVIN J. 6301 N. Ocean Blvd. Ocean Ridge, FL 33435	<input type="checkbox"/> Change <input type="checkbox"/> 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:  5-8-07 561-733-3333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					