


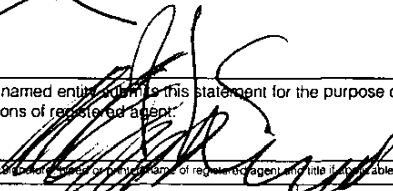
**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90329 018 ****50.00

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DOCUMENT # L06000093587				
1. Entity Name EAST HARTS ROAD, L.L.C.				
Principal Place of Business 7880 GATE PARKWAY, STE. 300 JACKSONVILLE, FL 32256		Mailing Address % ANSBACHER & SCHNEIDER, P.A. P.O. BOX 551260 JACKSONVILLE, FL 32256		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ANSBACHER & SCHNEIDER, P.A. 5150 BELFORT ROAD, BLDG. 100 JACKSONVILLE, FL 32256		Name: <u>Mike Ashourian</u>		
		Street Address (P.O. Box Number is Not Acceptable) 7880 GATE PARKWAY SUITE 300 JACKSONVILLE, FL 32256		
		City: <u>FL</u> Zip Code		
8. The above named entity affirms 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: 		MIKE ASHOURIAN, MGR 4/24/07		
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: MGR	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: EAST HARTS ROAD, L.L.C.		NAME:		
STREET ADDRESS: 7880 GATE PARKWAY, STE. 300		STREET ADDRESS:		
CITY-ST-ZIP: JACKSONVILLE, FL 32256		CITY-ST-ZIP:		
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:		
STREET ADDRESS:		STREET ADDRESS:		
CITY-ST-ZIP:		CITY-ST-ZIP:		
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:		
STREET ADDRESS:		STREET ADDRESS:		
CITY-ST-ZIP:		CITY-ST-ZIP:		
TITLE:	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		NAME:		
STREET ADDRESS:		STREET ADDRESS:		
CITY-ST-ZIP:		CITY-ST-ZIP:		
TITLE:	<input type="checkbox"/> Delete	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 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: <u>Elaine Ashourian</u>		Elaine Ashourian 4/24/2007 904 992 9000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #		