## FILED 2006 LIMITED LIABILITY COMPANY May 01, 2006 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # L01000001262 05-01-2006 90038 042 \*\*\*\*55.00 EAST OCEAN ACQUISITIONS, LLC Principal Place of Business Mailing Address 3400 N.E. 34TH STREET, SUITE 101 FORT LAUDERDALE FL 33900 3400 N.E. 34TH STREET, SUITE 101-FORT LAUDERDALE FL 33308-2. Principal Place of Business 3. Mailing Address 2700 NORTH 29 2700 NORTH Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) #108 # 108 City & State City & State 4. FEI Number 65-1074739 400M77101 OLLYWOOD

Zip

3302*0* 

Country

WOLOFSKY, HOWARD

6. Name and Address of Current Registered Agent

Street Address (P.O. Box Number is Not Acceptable) 2700 NORTH 29 - AVE 3400 NE 34TH STREET #101 FORT LAUDERDALE FL 33308 Zip Code ろ<u>30</u>000 HOLLYWOOD 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State

Country VSA

Name

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Change ☐ Addition NAME WOLOFSKY, HOWARD NAME 27,00 NORTH 29th AVE. #108 STREET ADDRESS STREET ADDRESS 3400 NE 34TH STREET, # 101 CITY-ST-ZIP CITY-ST-ZIP FL 33020 FORT LAUDERDALE FL 33308 TITLE Delete TITLE Change ☐ Addition NAME NAME BURSTEIN, ROBERT 2700 NORTH 29th AVE STREET ADDRESS STREET ADDRESS 3400 NE 34TH STREET: #-101-CITY-ST-ZIP FORT-LAUDERDALE-FL-33308 CITY-ST-ZIP ☐ Change ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

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

Applied For

\$5.00 Additional

Fee Required

Not Applicable