

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # L01000010587 1. Entity Name EAST COAST LAND INVESTMENTS, LLC |  |
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|---|---|
| Principal Place of Business 14286-19 BEACH BLVD #369 JACKSONVILLE BEACH, FL 32250 | Mailing Address 14286-19 BEACH BLVD #369 JACKSONVILLE BEACH, FL 32250 |
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01162007 No Chg-LLC

CR2E083 (11/05)

| | |
|---|--|
| 4. FEI Number 59-3739937 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**NOLAN, JAMES A PA
4114 HERSCHEL ST
ST. JOHNS PROFESSIONAL CENTER STE 1
JACKSONVILLE, FL 32212**

**DO NOT WRITE
IN THIS SPACE**

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**

U000000597304
01/24/07-80055-008 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR MELTON, B. ALAN 169 CATNIP TRAIL LANDRUM, SC 29356 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR FRANKS, GREG 59 TALLWOOD ROAD JACKSONVILLE BEACH, FL 32250 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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:  **Greg Franks** 1-18-07 904-612-0558

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #