

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019959

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: EAST COM, L.L.C.

**Current Principal Place of Business:**

2501 EAST COMMERCIAL BLVD.  
SUITE 205  
FT. LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2501 EAST COMMERCIAL BLVD.  
SUITE 205  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 55-0827992      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY, PATRICK G  
1401 E. BROWARD BLVD., SUITE 206  
FT. LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STOCKAMORE, RICK N  
Address: 2501 EAST COMMERCIAL BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: MGR      ( ) Delete  
Name: STOCKAMORE, JOHN H  
Address: 2501 EAST COMMERCIAL BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICK STOCKAMORE      MGR      01/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date