

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90199 042 \*\*\*\*55.00

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<b>DOCUMENT # L01000021206</b> 1. Entity Name <b>EAST COAST HANGARS, LLC</b>					
Principal Place of Business <b>3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103</b>			Mailing Address <b>3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103</b>		
2. Principal Place of Business <b>c/o David G. Budd</b>		3. Mailing Address <b>c/o David G. Budd</b>			
Suite, Apt. #, etc. <b>3033 Riviera Drive, #201</b>		Suite, Apt. #, etc. <b>3033 Riviera Drive, #201</b>			
City & State <b>Naples, Florida</b>		City & State <b>Naples, Florida</b>			
Zip <b>34103</b>	Country <b>USA</b>	Zip <b>34103</b>	Country <b>USA</b>	4. FEI Number <b>04-3589291</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BUDD, DAVID G 3033 RIVIERA DR., STE. 201 NAPLES, FL 34103</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRT STARMAN, SHELDON 4099 TAMIAMI TRAIL NORTH STE 400 NAPLES, FL 34103</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Starman, Sheldon W.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRS BUDD, DAVID G 3033 RIVIERA DRIVE STE 201 NAPLES, FL 34103</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b> <i>David G. Budd</i>			<b>2/27/06 (239) 263-7700</b>		
DAVID G. BUDD, ASSISTANT OPERATING MANAGER					