


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90052 047 ****50.00

DOCUMENT # L02000002132

1. Entity Name
EAST COAST INVESTMENT GROUP, LLC



Principal Place of Business
1172 S. DIXIE HWY., #507
CORAL GABLES, FL 33146-2918

Mailing Address
1172 S. DIXIE HWY., #507
CORAL GABLES, FL 33146-2918

2. Principal Place of Business
9900 N.E. 13 AVE

3. Mailing Address
9900 NE 13 AVE

Suite, Apt. #, etc.

City & State
Miami Stores

City & State
Miami Stores

Zip
33138

Country
DADE

Zip
33138

Country
DADE

04212004 Chg-LLC CR2E083 (10/03)

4. FEI Number
APPLIED FOR

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



6. Name and Address of Current Registered Agent

CAGLE, PETER B
6701 SUNSET DR., STE. 112
SOUTH MIAMI, FL 33143

7. Name and Address of New Registered Agent

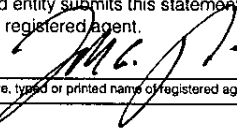
Name
Todd A. Nielsen

Street Address (P.O. Box Number is Not Acceptable)
9900 N.E. 13 AVE.

City
Miami Stores FL

Zip Code
3313

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  DATE **4/26/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
Florida Department of State

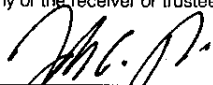
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSON, TOD 1172 S. DIXIE #507 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NIELSEN, TODD 9900 N.E. BAVE MIAMI STORES, FL 33138	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Partner ERNEST GUTIERREZ JR 1100 SW. 24 AVE MIAMI, FL 33135	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  DATE: **4/26/04** (305) 962-7517

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