LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/30/2003-90191-021 $50.00-$60.00

FILED
03 JUN -6 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000007408

1. Entity Name
East Coast Developers, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1361 13th Ave S.	1361 13th Ave. S.
Suite, Apt. #, etc. Suite 245	Suite, Apt. #, etc. Suite 245
City & State Jacksonville Bch, FL	City & State Jacksonville Bch, FL
Zip 32250 Country USA	Zip 32250 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 450475347 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JAMES A. NOLAN, P.A.
Street Address (P.O. Box Number is Not Acceptable): 4114 HERSCHEL ST. #105
City: JACKSONVILLE FL Zip Code: 32210

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM NAME Thomas Chad Waldy STREET ADDRESS 71035 Founders Way CITY-ST-ZIP Ponte Vedra Bch FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME Bruce Alan Melton, MGRM STREET ADDRESS 120 Hidden Cove Lane CITY-ST-ZIP Ponte Vedra Bch, FL 32082	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGRM NAME Charles Gregory Franks STREET ADDRESS 59 Toll-Wood Rd CITY-ST-ZIP Jacksonville Bch, FL 32250	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E085(8/02)

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: B. Alan Melton 4-29-03 904-757-7323

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

DIANE
850 410 1015