2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2008
Secretary of State

DOCUMENT# L02000011391

Entity Name: EAST COAST PREMIER PROPERTIES, LLC

Current Principal Place of Business:

5054 NORTH OCEANSHORE BLVD.
SUITE B
PALM COAST, FL 32137

New Principal Place of Business:

5402 N. OCEANSHORE BLVD.
A
PALM COAST, FL 32137

Current Mailing Address:

5054 NORTH OCEANSHORE BLVD.
SUITE B
PALM COAST, FL 32137

New Mailing Address:

138 PALM COAST PKWY,
#334
PALM COAST, FL 32137

FEI Number: 82-0543737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MATHIS, JULIE
59 RIVERS EDGE LANE
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

MATHIS, JULIE
11 AVE DE LA MER
#1203
PALM COAST, FL 32137 US

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: JULIE MATHIS 08/26/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MATHIS, JULIE
Address: 5054 N. OCEANSHORE BLVD., SUITE B
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MATHIS, JULIE
Address: 138 PALM COAST PKWY #334
City-St-Zip: PALM COAST, FL 32137

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: JULIE MATHIS MGR 08/26/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date