

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 24, 2008 8:00 am**  
**Secretary of State**

01-24-2008 90070 008 \*\*\*138.75

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<b>DOCUMENT # L02000024223</b> 1. Entity Name <b>EAST VIERA, LLC</b>					
Principal Place of Business <b>931 STRATFORD PLACE MELBOURNE, FL 32940</b>			Mailing Address <b>2825 BUSINESS CENTER BLVD SUITE B5 MELBOURNE, FL 32940</b>		
2. Principal Place of Business - No P.O. Box # <b>2825 Business Center Blvd.</b>		3. Mailing Address Suite, Apt. #, etc. <b># B5</b>			
City & State <b>Melbourne, FL</b>		City & State <b>Melbourne, FL</b>		4. FEI Number <b>06-7649648</b>	
Zip <b>32940</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RICHARDSON, BARRY F 931 STRATFORD PLACE MELBOURNE, FL 32940</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</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	MGR RICHARDSON, BARRY 931 STRATFORD PL MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KENDUST, RICK 7630 N WICKHAM RD MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOOLEY, DAVE 653 CANDLEWOOD WAY MELBOURNE, FL 32940	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUECKER, MATT 3400 HEARTWOOD LN MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUECKER, MATT 3400 HEARTWOOD LN MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUECKER, MATT 3400 HEARTWOOD LN MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUECKER, MATT 3400 HEARTWOOD LN MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
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>				Date: <b>1-21-08</b> Daytime Phone #: <b>321-254-9145</b>	