2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2004
Secretary of State

DOCUMENT# L02000029404

Entity Name: EAST COAST SMALL BUSINESS SERVICES, LLC

Current Principal Place of Business:

8563 GALLBERRY CIR.
PORT ST LUCIE, FL 34952

New Principal Place of Business:

841 SW MUNJACK CIR.
ST LUCIE WEST, FL 34986

Current Mailing Address:

8563 GALLBERRY CIR.
PORT ST LUCIE, FL 34952

New Mailing Address:

841 SW MUNJACK CIR.
ST LUCIE WEST, FL 34986

FEI Number: 37-1447461 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RONDEAU, CAROL E
8563 GALLBERRY CIR.
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

RONDEAU, CAROL E
841 SW MUNJACK CIR.
ST LUCIE WEST, FL 34986 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: _____ 02/24/2004
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: RONDEAU, CAROL E
Address: 8563 GALLBERRY CIR.
City-St-Zip: PORT ST LUCIE, FL 34952

Title: CEOP (X) Delete
Name: RONDEAU, CAROL E
Address: 8563 GALLBERRY DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RONDEAU, CAROL E
Address: 841 SW MUNJACK CIR
City-St-Zip: ST LUCIE WEST, FL 34986

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROL RONDEAU MGRM 02/24/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date