

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027557

Entity Name: EAST COAST IBIS, LLC

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, MARK B
2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CONNELL, MARK
Address: 2555 S.E. DIXIE HIGHWAY, SUITE 115
City-St-Zip: STUART, FL 34996

Title: MGR () Delete
Name: GOLDSTEIN, MARK B
Address: 2700 N. MILITARY TRAIL, SUITE 130
City-St-Zip: BOCA RATON, FL 33431

Title: MGR () Delete
Name: BECK, LOUIS S
Address: 2300 CORPORATE BLVD., NW, SUITE 232
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

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

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

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: MARK GOLDSTEIN

D

04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date