

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90434 049 \*\*\*\*50.00

**DOCUMENT # L03000035921**

**1. Entity Name**

**EAST COAST CAPITAL PARTNERS LLC**



**Principal Place of Business**

2655 LE JEUNE ROAD, SUITE 802  
CORAL GABLES FL 33134

**Mailing Address**

2655 LE JEUNE ROAD, SUITE 802  
CORAL GABLES FL 33134

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number**

20-0269730

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

GARCIA, DAVID R ESQ  
GABLES INTERNATIONAL PLAZA  
2655 LE JEUNE ROAD, SUITE 802  
CORAL GABLES FL 33134

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

**TITLE** MGRM ☐ Delete  
**NAME** JUAN E. GARCIA  
**STREET ADDRESS** 16112 VIA MONTEVERDE  
**CITY-ST-ZIP** DELRAY BEACH, FL 33446

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** MGRM ☐ Delete  
**NAME** FRANCES GARCIA  
**STREET ADDRESS** 16112 VIA MONTEVERDE  
**CITY-ST-ZIP** DELRAY BEACH, FL 33446

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**CITY-ST-ZIP**

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

JUAN E GARCIA

MGRM March 15/04 305-442-9270