


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000003578 1. Entity Name EAST CARIBBEAN, LLC	
--	---

Principal Place of Business 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220	Mailing Address 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
--	--



04162007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0590752	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SIESKY, JAMES H 1000 NORTH TAMiami TRAIL SUITE 201 NAPLES, FL 34102	DO NOT WRITE IN THIS SPACE
---	-----------------------------------

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, JOEL S 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, JON N 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAZELBAKER, R. B 1661 OLD HENDERSON ROAD COLUMBUS, OH 43220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000734528
05/09/07-80129-010 50.00

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.

SIGNATURE:  with rep 4/19/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____