

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90028 032 \*\*\*\*55.00

**DOCUMENT # L04000010391**



1. Entity Name

EAST GREENS DEVELOPMENT, LLC

Principal Place of Business

7100 W. CAMINO REAL, #402  
BOCA RATON FL 33433

Mailing Address

7100 W. CAMINO REAL, #402  
BOCA RATON FL 33433



2. Principal Place of Business

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite 14

City & State

BOCA RATON FL

Zip

33487

Country

3. Mailing Address

6600 W. ROGERS CIRCLE

Suite, Apt. #, etc.

Suite 14

City & State

BOCA RATON FL

Zip

33487

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number

30-0288429

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BLOOM, ASHLEY  
7100 W. CAMINO REAL, #402  
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

ASHLEY BLOOM

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

6600 W. ROGERS CIRCLE Suite # 14

City

BOCA RATON

FL

Zip Code

33487

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 reissuing)

Ashley Bloom

04/24/06

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☒ Delete  
NAME BLOOM, ASHLEY  
STREET ADDRESS 7100 WEST CAMINO REAL BOULEVARD #402  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☐ Change ☒ Addition  
NAME CAPITOL DEVELOPMENT INC.  
STREET ADDRESS 6600 W. ROGERS CIRCLE, SUITE #14  
CITY-ST-ZIP BOCA RATON - FL - 33487

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

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

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

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

Date

Daytime Phone #

04/24/06 (561) 417-7115