

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90034 020 ****50.00

DOCUMENT # L04000010391			
1. Entity Name EAST GREENS DEVELOPMENT, LLC			
Principal Place of Business 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487		Mailing Address 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487	
2. Principal Place of Business - No P.O. Box # 1801 Clint Moose Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country		3. Mailing Address 1801 Clint Moose Rd Suite, Apt. #, etc. # 217 City & State Boca Raton, FL Zip 33487 Country	
4. FEI Number 30-0288429		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLOOM, ASHLEY 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487		7. Name and Address of New Registered Agent Name BLOOM, ASHLEY Street Address (P.O. Box Number is Not Acceptable) 1801 Clint Moose Rd # 217 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 _____ DATE 04/11/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CAPITOL DEVELOPMENT, INC 6600 WEST ROGERS CIR SUITE 14 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801 Clint Moose Rd # 217 Boca Raton FL- 33487 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date 04/11/07 (561) 912-0029 <small>Daytime Phone #</small>	