2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L04000010391 Entity Name EAST GREENS DEVELOPMENT, LLC					05-09-2007 90034 020 ****50.00				
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Principal Place of Business Mailing Address							_		•
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SUITE 14 SUITE 14 BOCA RATON, FL 33487 BOCA RATON, FL 33487									
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2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
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Suite, Apt. #, etc. Suite, Apt. #, etc.			WOOBE K	<u> </u>					
# 817 # 817					04102007	Chg-LL(2	CR2E083 (12/0	16)
City & Stat	9 .	_ City & State		•	4. FEI Numb	per			Applied For
Boca Raton, FL		Boca Raton, FL			30-028				Not Applicable
Zip	Country	Zip Q 2 (Oz ?	Country		F 0-25-1	(O D -		55.00	Additional
33	487	3348+			5. Certificat	e of Status De	sirea	Fee Req	
	6. Name and Address of Current F	Registered Agent			7. Name an	d Address of	New Re	gistered Agent	
	•		Name	Ri	00.50	JOHLE.	V	- · · ·	
BLOOM, A	Chant	BLOOM, ASHLEY							
	T ROGĘRS CIŖ		180	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 14			10.52	·	<u> </u>				
BOCA RATON, FL 33447									
			City 1	ያውስል	Rato	\mathcal{M}		FL Zig	O T
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.								
OH 11107								-	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	Registered Agent signs	ture required :	when reinstation)			DATE	
	_	1						DRIE	
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9.	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBER		10.				lorida	check payable t	
D.	ue by May 1, 2007						lorida	check payable t Department of S	tate
9.	ue by May 1, 2007 MANAGING MEMBER	RS/MANAGERS	10.			ADDIT	lorida	check payable in Department of SCHANGES	tate
9. TITLE	MANAGING MEMBER	RS/MANAGERS	10. TITLE	1801	Clint	ADDIT	Florida FIONS/C	check payable in Department of SCHANGES	tate
9. TITLE NAME	MANAGING MEMBER MGR CAPITOL DEVELOPMENT, INC	RS/MANAGERS	10. Title NAME	1801		ADDIT	Florida FIONS/C	check payable in Department of SCHANGES	tate
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGR CAPITOL DEVELOPMENT, INC 6600 WEST ROGERS CIR SUITE	RS/MANAGERS	10. Title Name Street address	1801	Clint	ADDIT	Florida FIONS/C	check payable in Department of SCHANGES	ge Addition
9. ITILE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGR CAPITOL DEVELOPMENT, INC 6600 WEST ROGERS CIR SUITE	RS/MANAGERS Delete	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	1801	Clint	ADDIT	Florida FIONS/C	check payable to Department of SCHANGES CHANGES Chan # 217	ge Addition
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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 fully 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 on the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:
SIGNATURE AND TYPETOR PAINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/11/07