

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022636

**FILED**  
**Jan 10, 2007**  
**Secretary of State**

**Entity Name:** EASTERN STRUCTURES, LLC

**Current Principal Place of Business:**

2280 TREASURE ISLE DR #87  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

2280 TREASURE ISLE DR  
87  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

2280 TREASURE ISLE DR #87  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

2280 TREASURE ISLE DR  
87  
PALM BEACH GARDENS, FL 33410

**FEI Number:** 20-1175274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOLARDI, DANIEL L  
2280 TREASURE ISLE DR., #87  
PALM BEACH GARDENS, FL 33410 US

**Name and Address of New Registered Agent:**

SCOLARDI, DANIEL L  
2280 TREASURE ISLE DR.  
87  
PALM BEACH GARDENS, FL 33410 US

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.

**SIGNATURE:**

01/10/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SCOLARDI, DANIEL L  
**Address:** 2280 TREASURE ISLE DR., #87  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** DANIEL L SCOLARDI

MGRM

01/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date