

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000025024

FILED
Feb 24, 2009
Secretary of State

Entity Name: EASTSHORE DRIVE, L.L.C.

Current Principal Place of Business:

15371 ROOSEVLET BLVD
SUITE 107
CLEARWATER, FL 33760 US

New Principal Place of Business:

Current Mailing Address:

15371 ROOSEVELT BLVD
SUITE 107
CLEARWATER, FL 33760 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAILEY, L DOUGLAS
15371 ROOSEVELT BLVD
SUITE 107
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAILEY, L DOUGLAS
Address: 15371 ROOSEVELT BLVD; STE 107
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGR () Delete
Name: BAILEY, SALLY
Address: 15371 ROOSEVELT BLVD., SUITE 107
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGR () Delete
Name: MILEY, JENNIFER N
Address: 15371 ROOSEVELT BLVD., SUITE 107
City-St-Zip: CLEARWATER, FL 33760 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JENNIFER N MILEY

MGR

02/24/2009

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