

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045818

Entity Name: EAST AND WEST, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

C/O KAREN A. CACO, ESQ.
3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

C/O KAREN A. CACO, ESQ.
3431 PINE RIDGE ROAD, SUITE 101
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-1261720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

US REGISTERED AGENTS, INC.
ATTN: AARON A. FARMER
1415 PANTHER LANE, SUITE 121
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
ATTN: AARON A. FARMER
5811 PELICAN BAY BLVD., SUITE600
NAPLES, FL 34108 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: AARON A. FARMER

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: VAN DAM, MARC
Address: 3431 PINE RIDGE ROAD, SUITE 101
City-St-Zip: NAPLES, FL 34109

Title: MGR () Change (X) Addition
Name: PANGARIBUAN, JERRY
Address: 3431 PINE RIDGE ROAD, SUITE 101
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARC VAN DAM

MGR

04/27/2005

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