

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

02-14-2005 90181 012 ****50.00

DOCUMENT # L04000056001 1. Entity Name EASTERN PACIFIC HOLDINGS, LLC					
Principal Place of Business 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804			Mailing Address 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804		
2. Principal Place of Business 587 E. State Road 434		3. Mailing Address 587 E. State Road 434			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Longwood, Florida 32750		City & State Longwood, Florida 32750		4. FEI Number 76-0763915	
Zip 32750		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FASSETT, LAUD H 1325 WEST COLONIAL DRIVE ORLANDO, FL 32804				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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 agents.					
SIGNATURE _____ (Signature, typed or printed name of registered agent and the if applicable) (NOTE: Registered Agent signature required when selecting) DATE _____					
Filing Fee is \$60.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Managing Member ☐ Delete Arif Rajan 587 E. State Road 434 Longwood, Florida 32750	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add/Re		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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: _____ 2/2/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					