

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 19, 2007
Secretary of State**

DOCUMENT# L04000061845

Entity Name: ECOIST, LLC

Current Principal Place of Business:

2628 NW 2ND AVENUE
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

2628 NW 2ND AVENUE
MIAMI, FL 33127

New Mailing Address:

FEI Number: 20-1524116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODDEN, STEPHEN S
2710 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131 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: MARCOSCHAMER, YAIR
Address: 2628 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VP (X) Delete
Name: MARCOSCHAMER, JONATHAN
Address: 2628 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

Title: VP (X) Delete
Name: MARCOSCHAMER, HELEN
Address: 2628 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARCOSCHAMER, HELEN
Address: 2628 NW 2ND AVENUE
City-St-Zip: MIAMI, FL 33127 US

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: HELEN MARCOSCHAMER

MGRM

09/19/2007

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