2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008
Secretary of State

DOCUMENT# L04000092222

Entity Name: EAST POINTE, LLC

Current Principal Place of Business:

505 E. JACKSON STREET
SUITE 202
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

505 E. JACKSON STREET
SUITE 202
TAMPA, FL 33602

New Mailing Address:

FEI Number: 20-2091951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, RICHARD
505 E. JACKSON STREET
SUITE 202
TAMPA, FL 33602 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: ROBERTS, RICHARD A
Address: 505 E. JACKSON STREET, SUITE 202
City-St-Zip: TAMPA, FL 33602

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROBERTS, PAUL
Address: 4111 IMPERIAL EAGLE DRIVE
City-St-Zip: VALRICO, FL 33594

Title: MGR ( ) Change (X) Addition
Name: PATEL, PRATIV
Address: 3312 LITHIA PINECREST ROAD
City-St-Zip: VALRICO, FL 33596

Title: MGR ( ) Change (X) Addition
Name: GOSLIN, CHRIS
Address: 1211 N WESTSHORE BLVD #105
City-St-Zip: TAMPA, FL 33607

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: PRATIV PATEL MGR 02/11/2008

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