

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031835

FILED
Jan 04, 2007
Secretary of State

Entity Name: EAST COAST CONSTRUCTION & DEVELOPMENT LLC

Current Principal Place of Business:

3839 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

3839 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-2601365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TERRY, LAMAR
3839 HENDRICKS AVE
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

TERRY, LAMAR H
3839 HENDRICKS AVE
JACKSONVILLE, FL 32207 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: LAMAR H. TERRY

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TERRY, LAMAR
Address: 3839 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: MGRM () Delete
Name: TERRY, KIMBERLY D
Address: 3839 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: TERRY, LAMAR
Address: 3839 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: P (X) Change () Addition
Name: TERRY, KIMBERLY D
Address: 3839 HENDRICKS AVE
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY D. TERRY

P

01/04/2007

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