

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070953

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: EAST COAST LIVING SOLUTIONS, LLC

## Current Principal Place of Business:

6574 N. STATE ROAD 7  
#327  
COCOUNT CREEK, FL 33073

## New Principal Place of Business:

## Current Mailing Address:

6574 N. STATE ROAD 7  
#327  
COCOUNT CREEK, FL 33073

## New Mailing Address:

FEI Number: 20-3170870

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

NARDONE, THOMAS R  
6574 N. STATE ROAD 7  
#327  
COCONUT CREEK, FL 33073 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: THOMAS R. NARDONE

04/28/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: NARDONE, THOMAS R  
Address: 6574 N. STATE ROAD 7, #327  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGR (X) Delete  
Name: NARDONE, MARIA  
Address: 151 PRINCETON AVE.  
City-St-Zip: RAHWAY, NJ 07065

## ADDITIONS/CHANGES:

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: THOMAS R. NARDONE

MGR

04/28/2008

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