

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90018 019 \*\*\*\*50.00

60036032



04282006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3207375** Applied For ☐ Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L05000073365**

1. Entity Name  
**EAST COAST DEVELOPING, LLC**

Principal Place of Business  
**158 PINEFIELD DR  
SANFORD, FL 32771 US**

Mailing Address  
**158 PINEFIELD DR  
SANFORD, FL 32771 US**

2. Principal Place of Business  
**158 Pinefield Dr.**

3. Mailing Address  
**158 Pinefield Dr.**

City & State  
**Sanford, FL**

City & State  
**Sanford, FL**

Zip  
**32771**

Country  
**Seminole**

Zip  
**32771**

Country  
**Seminole**

6. Name and Address of Current Registered Agent  
**LITZNER, DOROTHY  
158 PINEFIELD DR  
SANFORD, FL 32771**

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 agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LITZNER, DOROTHY 158 PINEFIELD DR SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LUNA, PATRICIA M 158 PINEFIELD DR SANFORD, FL 32771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Dorothy E. Litzner* **Dorothy E. Litzner**

**4/28/06 407-923-5692**  
Date Daytime Phone #