

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000074436

1. Entity Name  
EASTMAN BROKERAGE SERVICES, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 8:52

Principal Place of Business  
3801 PGA BOULEVARD  
SUITE 806  
PALM BEACH GARDENS, FL 33410 US

Mailing Address  
3801 PGA BOULEVARD  
SUITE 806  
PALM BEACH GARDENS, FL 33410 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 6290

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006 Chg-LLC CR2E083 (11/05)

City & State

City & State

Lake Worth, FL

4. FEI Number

20-3219649

Applied For

Not Applicable

Zip

Country

Zip

33466

Country

US

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESANCTIS, PETER V  
3801 PGA BOULEVARD  
SUITE 806  
PALM BEACH GARDENS, FL 33410

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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  
EASTMAN, BERNARD D  
3801 PGA BOULEVARD, SUITE 806  
PALM BEACH GARDENS, FL 33410

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-18-06

(561) 969-7147