

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000081502

Entity Name: EAST COAST TITLE, LLC.

**FILED**  
**Apr 29, 2008**  
**Secretary of State**

## **Current Principal Place of Business:**

1525 NORTHPARK DRIVE  
SUITE 101  
WESTON, FL 33326

## **New Principal Place of Business:**

11820 MIRAMAR PARKWAY  
SUITE 210  
MIRAMAR, FL 33025

## **Current Mailing Address:**

1525 NORTHPARK DRIVE  
SUITE 101  
WESTON, FL 33326

## **New Mailing Address:**

11820 MIRAMAR PARKWAY  
SUITE 210  
MIRAMAR, FL 33025

FEI Number: 20-3321281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

LOPEZ, HENRIQUE  
1525 NORTHPARK DRIVE  
SUITE 101  
WESTON, FL 33326 US

## **Name and Address of New Registered Agent:**

LOPEZ, HENRIQUE  
11820 MIRAMAR PARKWAY  
SUITE 210  
MIRAMAR, FL 33025 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: HENRIQUE LOPEZ

04/29/2008

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOPEZ, HENRIQUE  
Address: 1525 NORTHPARK DRIVE, SUITE 101  
City-St-Zip: WESTON, FL 33326

## **ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LOPEZ, HENRIQUE  
Address: 11820 MIRAMAR PARKWAY, SUITE 210  
City-St-Zip: MIRAMAR, FL 33025

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: HENRIQUE LOPEZ

MGR

04/29/2008

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