

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90036 004 ***138.75

DOCUMENT # L05000087049	
1. Entity Name 600 EAST OCEAN PROPERTIES, LLC	

Principal Place of Business 872 COLORADO AVE STUART, FL 34994	Mailing Address 872 COLORADO AVE STUART, FL 34994
---	---

2. Principal Place of Business - No P.O. Box # 759 S. FEDERAL HIGHWAY	3. Mailing Address 759 S. FEDERAL HIGHWAY
Suite, Apt. #, etc. SUITE 321	Suite, Apt. #, etc. SUITE 321
City & State STUART, FL	City & State STUART, FL
Zip 34994	Country USA

00034031



03112008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent GIUNTA, DAVID R 872 COLORADO AVE STUART, FL 34994		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 759 S. FEDERAL HIGHWAY, SUITE 321 City STUART FL Zip Code 34994	
--	--	---	--

4. FEI Number 74-3153471	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
---	--------------------------------

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 reinstalling) DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PROSPERITY DEVELOPMENT GROUP, INC. 872 COLORADO AVE STUART, FL 34994 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	759 S. FEDERAL HIGHWAY, SUITE 321 STUART, FL 34994 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS 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: David R. Giunta **4/25/08** **772-528-2693**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #