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Apr 13, 2006 8:00 am
Secretary of State
03-23-2006 90272 045 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

3

DOCUMENT # L05000110248

1. Entity Name
307 EAST ATLANTIC GROUP LLC

Principal Place of Business	Mailing Address
307 E. ATLANTIC AVENUE DEL RAY BEACH, FL 33483	307 E. ATLANTIC AVENUE DEL RAY BEACH, FL 33483

02162006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3820034 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
PROVENZANO, ROSS
307 E. ATLANTIC AVENUE
DEL RAY BEACH, FL 33483

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: [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

TITLE	MGRM	☐ Delete
NAME	PROVENZANO, ROSS	
STREET ADDRESS	105 DUANE STREET APT 43B	
CITY-ST-ZIP	NEW YORK, NY 10007	
TITLE	MGRM	☐ Delete
NAME	COCOZZIELLO, CHRIS	
STREET ADDRESS	585 WEST STREET	
CITY-ST-ZIP	HARRISON, NY 10528	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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] PASQUALE T. MACRI G.M. 4/7/06 (561) 266-6112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #