

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2007 08:00 /**  
**Secretary of State**

**DOCUMENT # L05000110248**

1. Entity Name  
307 EAST ATLANTIC GROUP LLC



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

Mailing Address  
307 E. ATLANTIC AVENUE  
DEL RAY BEACH, FL 33483



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3820034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

PROVENZANO, ROSS  
307 E. ATLANTIC AVENUE  
DEL RAY BEACH, FL 33483

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROVENZANO, ROSS 105 DUANE STREET APT 43B NEW YORK, NY 10007
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCOZZIELLO, CHRIS 585 WEST STREET HARRISON, NY 10528
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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05/31/07-80005-008 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Pasquale T. Macari 5/1/07 (561) 266-6112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

PASQUALE T. MACARI