

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90020 022 \*\*\*138.75

60000490



01052008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L05000119109</b>					
1. Entity Name THE EAST SIDE SEWER GROUP, LLC					
Principal Place of Business 329 OLYMPIA AVE PUNTA GORDA, FL 33950			Mailing Address PO BOX 2425 NAPLES, FL 34106-2425		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 51-0561973	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PASTOR, TOM 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
329 OLYMPIA PUNTA GORDA FL 33950					
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 <u>THOMAS E. PASTOR</u>			DATE <u>01-08-2008</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when re-registering)		
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	MGR PASTOR, TOM 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	329 OLYMPIA PUNTA GORDA 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUNN, RANDY 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	329 OLYMPIA PUNTA GORDA 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, BRIAN 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	329 OLYMPIA PUNTA GORDA 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLAVICH, BILL 450 SW 88TH TERRACE PEMBROKE PINES, FL 33025	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	329 OLYMPIA PUNTA GORDA 33950				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Anna C. Rosen</u>			DATE <u>01-08-2008</u> DAYTIME PHONE # <u>231-216-3742</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		