


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000006137

1. Entity Name
 E COAST GOLD, LLC



Principal Place of Business
 7721 HIDDEN POND LN
 N. FORT MYERS, FL 33917

Mailing Address
 P.O. BOX 3485
 N. FORT MYERS, FL 33918

DO NOT WRITE IN THIS SPACE



04242008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4136763	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

O'GRADY, RENE E
 7721 HIDDEN POND LN
 N. FORT MYERS, FL 33917

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000924853
 05/20/08-80003-012 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'GRADY, RENE E 7721 HIDDEN POND LN N. FORT MYERS, FL 33917
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'GRADY, CHARLES P 7721 HIDDEN POND LN N. FORT MYERS, FL 33917
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Rene E O'Grady*

4/23/08