

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000006368

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** EAST COAST BUSINESS CENTER 3, LLC

**Current Principal Place of Business:**

220 EAST CENTRAL PARKWAY, SUITE 2030  
C/O GEORGE F. INDEST III, P.A.  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

220 EAST CENTRAL PARKWAY, SUITE 2030  
C/O GEORGE F. INDEST III, P.A.  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 42-1694965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEORGE F. INDEST III, P.A.  
THE HEALTH LAW FIRM  
220 EAST CENTRAL PARKWAY, SUITE 2030  
ALTAMONTE SPRINGS, FL 32701 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: INDEST, GEORGE F  
Address: 220 E CENTRAL PARKWAY SUITE 2030  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE F. INDEST, III      MGRM      01/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date