



FILED
Jan 23, 2007 8:00 am
Secretary of State

01-23-2007 90058 002 *****50.00

DOCUMENT # L06000006413						Secretary of State	
1. Entity Name EASTSIDE COAST PROPERTIES, LLC						01-23-2007 90058 001 *****5.00 01-23-2007 90058 002 *****50.00	
Principal Place of Business 6099 STIRLING ROAD, SUITE 224 DAVIE, FL 33314			Mailing Address 6099 STIRLING ROAD, SUITE 224 DAVIE, FL 33314				
2. Principal Place of Business - No P.O. Box # <u>SAME OF ABOVE</u> Suite, Apt. #, etc.			3. Mailing Address <u>SAME OF ABOVE</u> Suite, Apt. #, etc.			 01172007 Chg-LLC CR2E083 (12/06)	
City & State			City & State			4. FEI Number <u>76-0815376</u> Applied For Not Applicable	
Zip		Country	Zip		Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent L. GREGORY LOOMAR, ESQUIRE 1152 NORTH UNIVERSITY DRIVE, SUITE 201 PEMBROKE PINES, FL 33024					7. Name and Address of New Registered Agent Name <u>SAME</u> Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>[Signature]</u> DATE <u>1/17/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS / CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUENCA, EDGARD H 6099 STIRLING ROAD, SUITE 224 DAVIE, FL 33314	<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			
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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>[Signature]</u> DATE <u>1/17/07</u> DAYTIME PHONE # <u>786-417-2219</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							