

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012473

FILED  
Aug 08, 2008  
Secretary of State

**Entity Name:** EAST COAST LAND GROUP, LLC

**Current Principal Place of Business:**

2055 NORTH HIBISCUS DRIVE  
NORTH MIAMI, FL 33181

**New Principal Place of Business:**

6365 COLLINS AVE  
4206  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

568 W. 184TH STREET  
NEW YORK, NY 10033

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SAVIDIS, SYLVIO  
2055 NORTH HIBISCUS DRIVE  
NORTH MIAMI, FL 33181 US

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

SAVIDIS, SYLVIO  
6365 COLLINS AVE  
MIAMI BEACH, FL 33181 US

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: SYLVIO SAVIDIS

08/08/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SAVIDIS, SYLVIO  
Address: 2055 NORTH HIBISCUS DRIVE  
City-St-Zip: NORTH MIAMI, FL 33181

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SAVIDIS, SYLVIO  
Address: 6365 COLLINS AVE 4206  
City-St-Zip: MIAMI BEACH, FL 33141

I hereby certify that the information supplied with this filing does not qualify 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: SYLVIO SAVIDIS

MEMB

08/08/2008

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