2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007
Secretary of State

DOCUMENT# L06000021544

Entity Name: EAST COAST UTILITIES LLC

Current Principal Place of Business:

25 FLORIDA BLVD.
MERRITT ISLAND, FL 32953

New Principal Place of Business:

109 NELSON AVE.
MELBOURNE, FL 32935

Current Mailing Address:

25 FLORIDA BLVD.
MERRITT ISLAND, FL 32953

New Mailing Address:

109 NELSON AVE.
MELBOURNE, FL 32935

FEI Number: 20-4405404 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEON, CRISTIAN
25 FLORIDA BLVD.
MERRITT ISLAND, FL 32953 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: MGRM ( ) Delete
Name: LEON, CRISTIAN
Address: 25 FLORIDA BLVD.
City-St-Zip: MERRITT ISLAND, FL 32953

Title: MGRM ( ) Delete
Name: LUNDQUIST, LARRY
Address: 514 ANDROS LANE
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: MGRM ( ) Delete
Name: KINZER, CHARLES R
Address: 2005 DE LEON AVE.
City-St-Zip: VERO BEACH, FL 32960

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CRISTIAN LEON MGRM 04/02/2007

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