

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024283

FILED
Jan 15, 2007
Secretary of State

Entity Name: EAST COAST BUSINESS CENTER 4, LLC

Current Principal Place of Business:

% GEORGE F. INDEST III, P.A. - THE HEALTH
220 EAST CENTRAL PKWY., STE 2030
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

GEORGE F. INDEST III, P.A. - THE HEALTH
220 EAST CENTRAL PKWY., STE 2030
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

% GEORGE F. INDEST III, P.A. - THE HEALTH
220 EAST CENTRAL PKWY., STE 2030
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

GEORGE F. INDEST III, P.A. - THE HEALTH
220 EAST CENTRAL PKWY., STE 2030
ALTAMONTE SPRINGS, FL 32701

FEI Number: 20-4491961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INDEST, GEORGE F III, PA
THE HEALTH LAW FIRM
220 EAST CENTRAL PKWY, STE 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