2007 LIMITED LIABILITY COMPANY

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ANNUAL REPORT DOCUMENT # L06000032367

EASTSIDE LAND HOLDINGS, LLC 30012566 Principal Place of Business Mailing Address 120 NE 4TH STREET 120 NE 4TH STREET FT. LAUDERDALE, FL 33301 FT. LAUDERDALE, FL 33301 07312007 CR2E083 (12/06) Chg-LLC Applied For 4. FEI Number 20-4 662831 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEX F RICHARDSON, PA 120 NE 4TH STREET FT. LAUDERDALE, FL 33301 8. The above named entity submits this ent, or both, in the State of Florida. Lam familiar with, and accept purpose of changing its registered office or registered ag the obligations of registered agent -ZOO. SIGNATURE . Signature, ty nd title if applicable (NOTE: Registered Agent signature required when reinstating) istered ane Filing Fee is \$50.00 Due by September 14, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. TITLE HILE ☐ Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS 1212 E Brewava CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change NAME paid w/ck#18887 STREET ADDRESS CITY-S1-ZIP ☐ Addition TITLE ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADURESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 russee empowered to execute this report as required by Chapter 608, Florida Statutes. B-(-200 SIGNATURE: NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESE Daytime Phone #