2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE

Feb 15, 2007 8:00 am DOCUMENT # L06000062044 **Secretary of State** 1. Entity Name 02-15-2007 90278 019 ****50.00 EAST COAST DESIGN CENTER, LLC Principal Place of Business Mailing Address 3814 N. 29TH AVENUE 3814 N. 29TH-AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 Mailing Address 2. Principal Place of Business - No P.O. Box # 222 N. FEDERA 22 N.FE Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent G ASK GASKILL, KATE G 3814 N. 29TH AVENUE DERA -HOLLYWOOD FL 33020 EACH 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9, 10. ■ Addition THILL MGR ☐ Delete DHE ☐ Change NAME NAMI. GASKILL, KATE G STREET ADDRESS STREET ADDRESS 3814 N. 29TH AVENUE CHY SI-7E CHY ST ZIP HOLLYWOOD FL 33020 10113 MGRM ☐ Defete HIII Change Addition GASKILL, BRIAN C NAME STREET ADDRESS STRIFT ADDRESS 3814 N. 29TH AVENUE CITY-ST ZIP CITY-ST-7P HOLLYWOOD FL 33020 Delete TITLE ☐ Chance ☐ Addition HILLE NAMi GRAVES, GYPSY C STREET ADDRESS STREET ADDRESS 3814 N. 29TH AVENUE CHY ST-7IP CITY-ST 7IP HOLLYWOOD FL 33020 1011 ☐ Oelete HILL Change ☐ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CHY SI-7IP CHY ST 719 ☐ Delete □ Change ☐ Addition 1000 THIE NAMI STREET ADDRESS STREET ADDRESS CHY SI-ZIP CITY-ST-7IP 1618 ☐ Delete IIILE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY ST 7F 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal 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.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

2/7/07(954)445-2604