

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046729

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** EAST COAST INSTITUTE FOR RESEARCH, LLC

**Current Principal Place of Business:**

11701 SAN JOSE BLVD  
103  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

11701 SAN JOSE BLVD  
103  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 20-8964521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EPSTEIN, BENJAMIN J  
11960 NW 11TH PLACE  
GAINESVILLE, FL 32606 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: BENJAMIN, EPSTEIN J  
Address: 11960 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM ( ) Delete  
Name: NIDHINA, CHOKSI  
Address: 11959 NICOBAR CT  
City-St-Zip: JACKSONVILLE, FL 32223

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: EPSTEIN, BENJAMIN J  
Address: 11960 NW 11TH PLACE  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM (X) Change ( ) Addition  
Name: CHOKSI, NIDHINA  
Address: 11959 NICOBAR CT  
City-St-Zip: JACKSONVILLE, FL 32223

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: NIDHINA CHOKSI

MGRM

02/07/2008

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