

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000066419

1. Entity Name
EASTWICK HOUSE LLC



FILED

08 JUN -3 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062008 Chg-LLC CR2E083 (12/06)

4. FEI Number
74-3221363 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Principal Place of Business
1725 N. E. 3RD AVENUE
APT #1
FORT LAUDERDALE, FL 33305-- US

Mailing Address
1725 N. E. 3RD AVENUE
APT #1
FORT LAUDERDALE, FL 33305-- US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBERTS, GEOFFREY G MR.
1725 N.E. 3RD AVENUE
APT. # 1.
FORT LAUDERDALE, FL 33305

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROBERTS, GEOFFREY G MR.
1725 N. E. 3RD AVENUE
FORT LAUDERDALE, FL 33305 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700129699717
05/19/08--01004--003 138.75 ☐ Change ☐ Ad

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRIS, LESLIE R. MR.
1725 N.E. 3rd Avenue
Fort Lauderdale FL 33305 ☐ Change ☒ Ad

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

[Signature] GEOFFREY G. ROBERTS May 6th 08