2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2009
Secretary of State

DOCUMENT# L07000109436

Entity Name: EASTCOTE, LLC

Current Principal Place of Business:

% JOHN K. GRAHAM, ESQ.
ONE POST OFFICE SQUARE
BOSTON, MA 02109

New Principal Place of Business:

Current Mailing Address:

% JEFF RESNIK
82 DEVONSHIRE STREET F9A1
BOSTON, MA 02109

New Mailing Address:

FEI Number: 41-0097117 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ATTERBURY III, WILLIAM W ESQ.
% ALLEY MAASS ROGERS LINDSAY, P.A.
340 ROYAL POINCIANA WAY, SUITE 321
PALM BEACH, FL 33480 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: MGR ( ) Delete
Name: MITCHELL, ELSIE P TRUSTEE
Address: ONE POST OFFICE SQUARE
City-St-Zip: BOSTON, MA 02109

Title: MGR ( ) Delete
Name: GRAHAM, JOHN K TRUSTEE
Address: ONE POST OFFICE SQUARE
City-St-Zip: BOSTON, MA 02109

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: RESNIK, JEFFREY P
Address: 82 DEVONSHIRE STREET, F9A1
City-St-Zip: BOSTON, MA 02109

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: JOHN K. GRAHAM MGR 02/23/2009

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