

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109436

FILED  
Jan 13, 2012  
Secretary of State

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:

% PATRICIA LUKE, SUITE 100  
11 KEEWAYDIN DRIVE  
SALEM, NH 03079

## 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  
Name: EASTCOTE TRUST, JOHN GRAHAM, TRUSTEE  
Address: ONE POST OFFICE SQUARE  
City-St-Zip: BOSTON, MA 02109

Title: VP  
Name: RESNIK, JEFFREY P  
Address: 985 DAMONTE RANCH PARKWAY, SUITE 340  
City-St-Zip: RENO, NV 89521

Title: P  
Name: GRAHAM, JOHN K  
Address: ONE PO SQUARE  
City-St-Zip: BOSTON, MA 02109

Title: T  
Name: GRAHAM, JOHN K  
Address: ONE PO SQUARE  
City-St-Zip: BOSTON, MA 02109

Title: S  
Name: GRAHAM, JOHN K  
Address: ONE PO SQUARE  
City-St-Zip: BOSTON, MA 02109

Title: AS  
Name: RESNIK, JEFFREY P  
Address: 985 DAMONTE RANCH PARKWAY, SUITE 340  
City-St-Zip: RENO, NV 89521

I hereby 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: EASTCOTE TRUST BY JOHN K GRAHAM, TRUSTEE

MGR

01/13/2012

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