2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020853

Entity Name: EAST COAST FINANCIAL ASSOCIATES, LLC

1000 BRICKELL AVENUE, SUITE 300

MIAMI, FL 33131 US

Address:

City-St-Zip:

FILED Jun 16, 2009 Secretary of State

| Current Principal Place of Business: New Prin | | ncipal Place of Business: | |
|--|--|--|--|
| 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131 US | | | |
| rrent Mailing Address: New Mailing Address: | | s: | |
| 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131 US | | | |
| FEI Number: 26-2108154 FEI Number Applied For () In accordance with s. 607.193(2)(b), F.S., the limited liability con Name and Address of Current Registered Agent: | mpany did not receive the prior notice | Certificate of Status Desired() f New Registered Agent: | |
| AGI REGISTERED AGENTS, INC. 1000 BRICKELL AVENUE SUITE 300 MIAMI, FL 33131 US | | | |
| The above named entity submits this statement for the in the State of Florida. | purpose of changing its registered | d office or registered agent, or both | |
| SIGNATURE: | | | |
| Electronic Signature of Registered Ag | ent | Date | |
| MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: | | | |
| Title: MGR () Delete Name: FERNANDEZ. LOURDES | Title: Name: | () Change () Addition | |

Address:

City-St-Zip:

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: LOURDES FERNANDEZ MGR 06/16/2009