
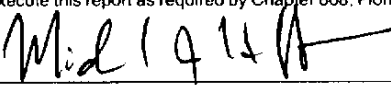


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED MAY -6 AM 11:49 5/13	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002641 EASTERN COASTAL, LLC 105 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32086		1a. Principal Place of Business Address 105 SOUTH PONCE DE LEON BLVD ST. AUGUSTINE FL 32086			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		2a. Mailing Address Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 11/10/1998 3a. State of Formation FL 4. FEI Number 59-3560242 5. Date of Last Report n/a	
7. Name and Address of Current Registered Agent HEFFERON, MICHAEL 105 SOUTH PONCE DE LEON BLVD. ST. AUGUSTINE FL 32086		8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002873630--4 Suite, Apt. #, etc. -05/13/99--01050--001 City FL Zip Code ****943.75 ****188.75			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	HEFFERON, MICHAEL	105 SOUTH PONCE DE LEON BL		ST. AUGUSTINE FL	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: Michael Hefferon				4/26/99 (904) 829-9400	