

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000936

FILED  
Mar 18, 2008  
Secretary of State

Entity Name: EAST COAST FIRE PROTECTION, LLC

**Current Principal Place of Business:**

5695 OAKBROOK PKWY  
SUITE E  
NORCROSS, GA 30093

**New Principal Place of Business:**

**Current Mailing Address:**

3017 VERNON ROAD  
RICHMOND, VA 23228

**New Mailing Address:**

FEI Number: 02-0574387

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: PATACCA, MICHAEL  
Address: 600 WOOD BRANCH TRAIL  
City-St-Zip: SUWANEE, GA 30024

Title: MGR ( ) Delete  
Name: TOUPS, JAMES  
Address: 3017 VERNON ROAD  
City-St-Zip: RICHMOND, VA 23228

Title: MGR ( ) Delete  
Name: OSGOOD, THOMAS W  
Address: 3017 VERNON ROAD  
City-St-Zip: RICHMOND, VA 23228

Title: MGR ( ) Delete  
Name: MATHEWS, MEGHANN  
Address: 3017 VERNON ROAD  
City-St-Zip: RICHMOND, VA 23228

**ADDITIONS/CHANGES:**

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

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

Title: MGR (X) Change ( ) Addition  
Name: YORK, THOMAS  
Address: 3017 VERNON ROAD  
City-St-Zip: RICHMOND, VA 23228

Title: ( ) Change ( ) Addition  
Name:  
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: MEGHANN MATHEWS

MGR

03/18/2008

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