

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 29, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # M02000002440**

**1. Entity Name  
EAST COAST BROKERAGE SERVICES, LLC**



**Principal Place of Business**

**3473 SATELLITE BOULEVARD, SUITE 211  
DULUTH, GA 30096**

**Mailing Address**

**3473 SATELLITE BOULEVARD, SUITE 211  
DULUTH, GA 30096**



**01122005No Chg-LLC**

**CR2E083 (10/03)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number  
51-0397832**

**Applied For  
Not Applicable**

**5. Certificate of Status Desired**

☐ **\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GEIGER, ALLAN T  
C/O ROGERS TOWERS BAILEY ONES & GAY, P.A.  
1301 RIVERPLACE BLVD., STE 1500  
JACKSONVILLE, FL 32207-1811**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGR  
NAME KELLY, JAMES E  
STREET ADDRESS 3473 SATELLITE BOULEVARD, SUITE 211  
CITY-ST-ZIP DULUTH, GA 30096**

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STREET ADDRESS  
CITY-ST-ZIP**

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**U00000204051  
01/29/05-80054-009 50.00**

**DO NOT WRITE  
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**11. I 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 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*James E. Kelly* **James E. Kelly** **1-25-05** **770-813-0090**