FILED Apr 12, 2007 8:00 am Secretary of State 04-12-2007 90181 036 ****50.00

4-11-07 410-871-2200 × 102

2007 LIMITED LIABILITY COMPANY

SIGNATURE:

ANNUAL KEPUKI					
DOCUMENT # M0400000432 1. Entity Name EASTERN SEABOARD FINANCIAL, LLC				60035465	
Principal Place of Business		Mailing Address		7	
15 E. MAIN ST, STE 102 Westminster, MD 21157		15 E. MAIN ST, STE 102 Westminster, MD 21157			
				THE REPORT OF A STATE WHEN A STATE BEGIN A STATE BEGIN A STATE BEGIN A FREE A FAILE A FAILE AND A FAILER A FAI	1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02282007 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number Applied Fc 52-2213151 Not Applie	
Zip	Country	Zip	Country	5. Certificate of Status Desired S5.00 Additional Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
			Name		į
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4			Street Address	s (P.O. Box Number is Not Acceptable)	
WESTON,	FL 33331				
			City	FL Zip Code	
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, 2007				Make check payable to Florida Department of State	
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change ☐ Ado	dition
NAME STREET ADDRESS	LEPISCOPO, JOSEPH 15 E. MAIN ST, STE 102		NAME STREET ADDRESS		
CITY-ST-ZIP	WESTMINSTER, MD 21157		CITY-ST-ZIP	<u> </u>	
TITLE	MGRM	Delete	TITLE	☐ Change ☐ Ado	dition
NAME STREET ADDRESS	WINDSOR, GANE F JR 15 E. MAIN ST, STE 102		NAME STREET ADDRESS		
CITY-ST-ZIP	WESTMINSTER, MD 21157		CITY-ST-ZIP	9	١
TITLE		☐ Delete	TITLE	☐ Change ☐ Adi	ldition
NAME .			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐ Adi	aition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ade	dition
NAME			NAME		
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Ad	dition
NAME		Delete	NAME	Critings / All	GILLON.
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					