2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # M04000001729

1. Entity Name

EASTERN COAST MANAGEMENT, LLC



FILED Jan 27, 2006 08:00 AN **Secretary of State**

Principal Place of Business 3408 DOVER ROAD

POMPANO BEACH, FL 33062

Mailing Address 3408 DOVER ROAD POMPANO BEACH, FL 33062



DO NOT WRITE IN THIS SPACE

01172006No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0346871

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CRIVELLO, FRANK P 3408 DOVER ROAD

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POMPANO	O BEACH, FL 33062	IN THIS S	PACE
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, 2006			
9.	MANAGING MEMBERS/MANAGERS		· -
TITLE	MGRM		
NAME	CRIVELLO, FRANK P		
STREET ADDRESS	3408 DOVER ROAD		
CUTY -ST-ZIP	POMPANO BEACH, FL 33062	<u> </u>	
TITLE		-	
NAME		UQ(0000404345

02/06/06-80043-016 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

CITY - ST- ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP HILE MAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP

TITLE

FRANK P CRIVELLO

1-17-06

954-532-0240