

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021210

FILED
Mar 26, 2007
Secretary of State

Entity Name: ATLANTIC COAST NURSERIES, L.L.C.

Current Principal Place of Business:

1920 HALLANDALE BEACH BLVD
SUITE 602
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 661169
MIAMI, FL 33266

New Mailing Address:

FEI Number: 20-1088123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERLSTEIN, ARNOLD ESQ.
441 MONTCLAIRE DR
WESTON, FL 33326 US

Name and Address of New Registered Agent:

ALWEISS, IRA
1920 HALLANDALE BCH. BLVD.
#602
HALLANDALE, FL 33009 US

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: IRA ALWEISS

03/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALWEISS, IRA
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: ALWEISS, ALAN
Address: 1920 HALLANDALE BEACH BLVD
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: IRA ALWEISS

MGRM

03/26/2007

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