


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90037 033 ****50.00

DOCUMENT # L01000010878

1. Entity Name
ATLANTIC EASTERN, LLC



Principal Place of Business
**7800 US HIGHWAY 17-92
 UNIT #182
 FERN PARK, FL 32750 US**

Mailing Address
**20 NORTH ORANGE AVENUE
 SUITE 600
 ORLANDO, FL 32801 US**

60032196



2. Principal Place of Business - No P.O. Box #
151 Southhall Lane
 Suite, Apt. #, etc.
SUITE 240

3. Mailing Address
151 Southhall Lane
 Suite, Apt. #, etc.
SUITE 240

01092007 Chg-LLC CR2E083 (12/06)

City & State
Maitland, FL

City & State
Maitland, FL

Zip
32751 Country

Zip
32751 Country

4. FEI Number
59-3738266

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**HENDRY, STONER, CALANDRINO & BROWN, P.A.
 20 NORTH ORANGE AVENUE
 SUITE 600
 ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAJAN, ARIF 7800 US HIGHWAY 17-92, UNIT #182 FERN PARK, FL 32750 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 151 Southhall Lane, Suite 240 Maitland, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____