## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Apr 07, 2008 8:00 am Secretary of State **DOCUMENT # L01000010878** 04-07-2008 90225 026 \*\*\*138.75 ATLANTIC EASTERN, LLC Principal Place of Business Mailing Address 151 SOUTHHALL LN 151 SOUTHHALL LN SUITE 240 SUITE 240 MAITLAND, FL 32751 US MAITLAND, FL 32751 US 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. 02162008 Chg-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For 59-3738266 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HENDRY, STONER, CALANDRINO & BROWN, P.A. Street Address (P.O. Box Number is Not Acceptable) 20 NORTH ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 City Zip Code FL 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 typicade printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR Change Addition TITI F TITLE Delete RAJAN, ARIF NAME NAME STREET ADDRESS 151 SOUTHHALL LN SUITE 240 STREET ADDRESS MAITLAND, FL 32751 CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME 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 adcurate 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.

Daytime Phone #

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