

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**

03 JUL 30 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000010878**

1. Entity Name  
**ATLANTIC EASTERN, LLC**



Principal Place of Business  
7041 GRAND NATIONAL DRIVE  
SUITE 215  
ORLANDO, FL 32819

Mailing Address  
7041 GRAND NATIONAL DRIVE  
SUITE 215  
ORLANDO, FL 32819

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **69-9738266**

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$3.00 additional fee required

6. Name and Address of Current Registered Agent

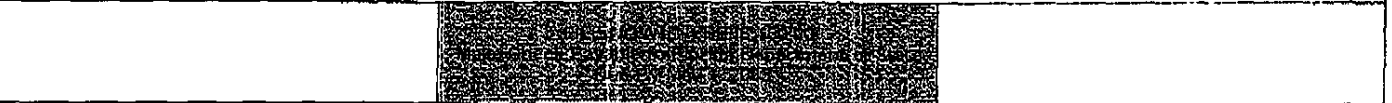
CALANDRINO, PHILIP K ESQ.  
7232 SAND LAKE ROAD  
SUITE 201  
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name **Philip K. Calandrino P.A.**  
Street Address (P.O. Box Number is Not Acceptable)  
**29 East pine Street**  
City **Orlando** FL Zip Code **32801**

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 *Philip K. Calandrino* (NOTE: Registered Agent's signature required when initiating) DATE



**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	RAJAN, ARIF	7041 GRAND NATIONAL DRIVE	ORLANDO, FL 32819	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	RAJAN, ARIF	9501 S-ORANGE BLOSSOM TRAIL #117B	Orlando - FL - 32837	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		100021986201	07/30/03-01021-010L \$50.00	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

SIGNATURE: *Arif Rajan* 7/15/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Day in Month

CR2E083 (10/02)