

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013875

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** ATLANTIC BUSINESS CENTRE, LLC

**Current Principal Place of Business:**

5131 INDUSTRY DR.  
SUITE # 101  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

5131 INDUSTRY DR.  
SUITE # 101  
MELBOURNE, FL 32940 US

**New Mailing Address:**

**FEI Number:** 59-3739255      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALLINGFORD, BARRY J  
5131 INDUSTRY DR.  
SUITE # 101  
MELBOURNE, FL 32940 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WALLINGFORD, BARRY J  
Address: 5131 INDUSTRY DR. SUITE # 101  
City-St-Zip: MELBOURNE, FL 32940 US

**ADDITIONS/CHANGES:**

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: BARRY WALLINGFORD      MGRM      02/19/2007

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