

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007140

FILED
Jan 13, 2007
Secretary of State

Entity Name: ATLANTIC OCCIDENTAL PROPERTIES, LLC

Current Principal Place of Business:

1055 NE 46 COURT
ATTN: BODIL CERVONE
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

1055 NE 46 COURT
ATTN: BODIL CERVONE
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 04-3642117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CERVONE, BODIL
4400 NE 17TH AVENUE
OAKLAND PARK, FL 33334 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: FLOOD, VALENTINE J
Address: 3233 NE 3 AVE
City-St-Zip: OAKLAND PARK, FL 33334

Title: MGRM (X) Delete
Name: BRUCE, GAVIN
Address: P.O. BOX 850477
City-St-Zip: RICHARDSON, TX 75085

Title: MGRM () Delete
Name: CERVONE, BODIL
Address: 4400 NE 17TH AVE
City-St-Zip: OAKLAND PARK, FL 33334

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLOOD, VALENTINE J
Address: 290 TROPIC DRIVE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

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: BODIL CERVONE

MRS.

01/13/2007

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