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May 05, 2003 8:00 am
Secretary of State

05-05-2003 92168 038 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

J0068815

DOCUMENT # L02000012363

1. Entity Name
ATLANTIC COAST INVESTORS I, LLC

Principal Place of Business	Mailing Address
2131 HOLLYWOOD BLVD., SUITE 507 HOLLYWOOD, FL 33020	2131 HOLLYWOOD BLVD., SUITE 507 HOLLYWOOD, FL 33020

2. Principal Place of Business	3. Mailing Address
1948 HARRISON ST.	1948 HARRISON ST.
Suite, Apt. #, etc.: HOLLYWOOD FL.	Suite, Apt. #, etc.: HOLLYWOOD FL.
City & State: HOLLYWOOD FL	City & State: HOLLYWOOD FL
Zip: 33020 Country: U.SA	Zip: 33020 Country: U.SA.

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3059036 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ARNETTE CREELEY DUNCANSON & SHEINFELD, LLP 2131 HOLLYWOOD BLVD., SUITE 507 HOLLYWOOD, FL 33020	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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00 Make Check Payable to Florida Department of State Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNETTE, VINCENT 2131 HOLLYWOOD BLVD., SUITE 507 HOLLYWOOD, FL 33020	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER ARNETTE, VINCENT 1948 HARRISON ST HOLLYWOOD FL 33020	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 608, Florida Statutes.

SIGNATURE: [signature] 4/30/03.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #