

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000022861**

1. Entity Name  
ATLANTIC COAST CAPITAL, LLC



Principal Place of Business  
50 N. LAURA STREET  
SUITE # 3625  
JACKSONVILLE, FL 32202

Mailing Address  
50 N. LAURA STREET  
SUITE 3625  
JACKSONVILLE, FL 32202



01102005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0822401

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DUNLAP, ROBERT B  
50 N. LAURA STREET  
SUITE 3625  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
EWING LOAN ADVISORS, INC.  
50 N. LAURA STREET, STE 3625  
JACKSONVILLE, FL 32202

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TRIDENT CAPITAL PARTNERS, LLC  
2839 PACES FERRY ROAD, STE 1170  
ATLANTA, GA 30339

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000178331  
01/12/05-80023-020 50.00

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

✓ 1/10/05 (904) 354-5573