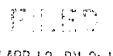
2007 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000057063 1. Entity Name ATLANTIC EAST PROPERTIES I, LLC Principal Place of Business Mailing Address 1191 E NEWPORT CENTER DR. 1191 E NEWPORT CENTER DR.



07 APR 13 PM 2: 15

LAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DEERFIELD BEACH, FL 33442

01032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number			Applied For
20-0587925			Not Applicable
5. Certificate of Status D	esired	\$5.0	Additional

6. Name and Address of Current Registered Agent

GREEN, JODI B 1191 E NEWPORT CENTER DR. 207

DEERFIELD BEACH, FL 33442

DO NOT WRITE

DEERFIELD BEACH, FL 33442		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of charions of registered agent. Signature, typid or printed rame of registered agent and title if applicable.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ———————————————————————————————————
Fi Di	lling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	ATLANTIC EAST PROPERTIES, LLC	
STREET ADDRESS	1191 E NEWPORT CENTER DR.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442	700007010007
TITLE		700097213287 04/17/0701035002 **200.00
NAME		04/11/01=01055=002 **200.00
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		
STREET ADDRESS		
CITY-ST-ZIP		DO NOT WRITE
TITLE	- 	IN THE CDACE
NAME		IN THIS SPACE
STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		J
NAME		mulit
STREET ADDRESS		
CITY-ST-ZIP		
 indicated 	certify that the information supplied with this filing does not on this report is true and accurate and that my signature s	qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information 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 TEPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #