


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 26, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000057063		
1. Entity Name ATLANTIC EAST PROPERTIES I, LLC		
Principal Place of Business	Mailing Address	
1191 E NEWPORT CENTER DR. 207 DEERFIELD BEACH, FL 33442	1191 E NEWPORT CENTER DR. 207 DEERFIELD BEACH, FL 33442	



01182008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0587925	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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

GREEN, JODI B  
 1191 E NEWPORT CENTER DR.  
 207  
 DEERFIELD BEACH, FL 33442

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLANTIC EAST PROPERTIES, LLC 1191 E NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: member Lorin Groper member Date: 1/21/08 Daytime Phone #: 561-654-8001

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