


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000057082 1. Entity Name ATLANTIC EAST PROPERTIES, LLC	
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Principal Place of Business 551 SE 8TH STREET, SUITE 503 DELRAY BEACH, FL 33483-5183	Mailing Address 551 SE 8TH STREET, SUITE 503 DELRAY BEACH, FL 33483-5183
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DO NOT WRITE IN THIS SPACE



01122005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0586997	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GREEN, JODI B 551 SE 8TH STREET, SUITE 503 DELRAY BEACH, FL 33483-5183	DO NOT WRITE IN THIS SPACE
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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

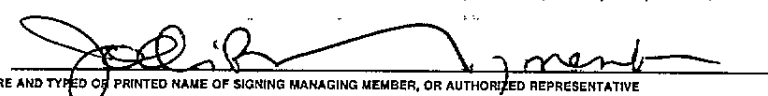
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GROPER, LORIN H TENANT 551 SE 8TH STREET, SUITE 503 DELRAY BEACH, FL 334835183
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREEN, JODI B TENANT 551 SE 8TH STREET, SUITE 503 DELRAY BEACH, FL 334835183
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03/24/05-80048-003 150.00

**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:  **3/24/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #