

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90079 016 ****50.00

DOCUMENT # L03000057082

1. Entity Name
ATLANTIC EAST PROPERTIES, LLC



Principal Place of Business
**1191 E NEWPORT CENTER DR.
SUITE 207
DEERFIELD, FL 33442**

Mailing Address
**1191 E NEWPORT CENTER DR.
SUITE 207
DEERFIELD BEACH, FL 33442**

60034400



DO NOT WRITE IN THIS SPACE

01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-0586997

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GREEN, JODI B
1191 E NEWPORT CENTER DR.
SUITE 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

Jodi B
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-6-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GROPER, LORIN H TENANT
STREET ADDRESS	1191 E NEWPORT CENTER DR.
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	MGRM
NAME	GREEN, JODI B TENANT
STREET ADDRESS	1191 E NEWPORT CENTER DR. SUITE 207
CITY - ST - ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**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:

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

Date

4-6-07

Daytime Phone #