2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000057082

ATLANTIC EAST PROPERTIES, LLC



FILED Mar 26, 2008 08:00 AN Secretary of State

Principal Place of Business

1191 E NEWPORT CENTER DR.

SUITE 207

DEERFIELD, FL 33442

Mailing Address

1191 E NEWPORT CENTER DR.

DEERFIELD BEACH, FL 33442



01182008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-0586997 Not Applicable \$5.00 Additional 5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

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

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the obligations of registered agent									
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinsteting)	DATE						
FILI After Ma	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75								
9.	MANAGING MEMBERS/MANAGERS		Property Control of the						
NAME STREET ADDRESS CITY-ST-ZIP	MGRM GROPER, LORIN H TENANT 1191 E NEWPORT CENTER DR. DEERFIELD BEACH, FL 33442								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREEN, JODI B TENANT 1191 E NEWPORT CENTER DR. SUITE 207 DEERFIELD BEACH, FL 33442		9-800-33-006-21-38-75-4- 8-800-33-006-21-38-75-4- 13-18-2-18-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-21-38-2						
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TITLE NAME Street Address City-St-Zip	· · · · · · · · · · · · · · · · · · ·								
NAME STREET ADDRESS									

8. The above named entity submits this statement for the purpose of changing its registereu office or registered agent, or both, in the State of Florida. I am familiar with, and accept

11. I hereby certify that the information supplies 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 acquired 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 received of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ORIN GROPER

561-654-8001