


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 30, 2005 8:00 am**  
**Secretary of State**

08-30-2005 90015 019 \*\*\*\*55.00

<b>DOCUMENT # L04000006511</b>	
1. Entity Name <b>ATLANTIC COAST FLOORING &amp; TILE, LLC</b>	

Principal Place of Business <b>606 GLADIOLA ST UNIT 131 MERRITT ISLAND FL 39252 US</b>	Mailing Address <b>1863 MOSSWOOD DR MELBOURNE FL 32935 US</b>
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2. Principal Place of Business <b>MERRITT ISLAND Suite, Apt. #, etc. UNIT 131</b>	3. Mailing Address <b>1863 MOSSWOOD DR. Suite, Apt. #, etc.</b>
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2nd MOORE CR2E083 (5/05)

City & State <b>MERRITT ISLAND FL 32935</b>	City & State <b>MELBOURNE FL</b>
Zip <b>32935</b>	Country <b>US</b>

4. FEI Number <b>20-1932237</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent <b>CICERO, JOHN 1863 MOSSWOOD DR MELBOURNE FL 32935</b>	
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7. Name and Address of New Registered Agent Name <b>JOHN CICERO</b> Street Address (P.O. Box Number is Not Acceptable) <b>1863 MOSSWOOD DR.</b> m City <b>MELBOURNE</b> FL Zip Code <b>32935</b>	
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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]* **ATLANTIC COAST ENTERPRISES OF BREVARD INC. 8/24/05**  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CICERO, JOHN J 1863 MOSSWOOD DR MELBOURNE FL 32935 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATLANTIC COAST ENTERPRISES OF BREVARD INC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>Added</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **8/24/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date