

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014895

FILED
Jan 05, 2007
Secretary of State

Entity Name: ATLANTIC BEACH COLLECTIONS, L.L.C.

Current Principal Place of Business:

1260 N. ATLANTIC AVENUE
DAYTONA BEACH, FL 32118

New Principal Place of Business:

Current Mailing Address:

PO BOX 1387
ORMOND BEACH, FL 321751387 US

New Mailing Address:

FEI Number: 34-1982634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REINMAN, MATHESON, VAUGHAN & DURHAM, P.A.
110 EAST GRANADA BLVD., SUITE 104
ORMOND BEACH, FL 32176 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEJESUS, GEORGETTE
Address: 2964 WINDLE LANE
City-St-Zip: SOUTH DAYTONA, FL 32119

Title: MGR () Delete
Name: ROBINSON, GEORGE
Address: 2711 NORTH HALIFAX AVE., UNIT 693
City-St-Zip: DAYTONA BEACH, FL 32118

Title: MGR () Delete
Name: SIMPSON, DARREL
Address: 50 DIX AVENUE
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DARREL SIMPSON

MR

01/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date