

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000021775

1. Entity Name
ATLANTIC COAST DEVELOPERS, LLC



Principal Place of Business
2008 RIVERSIDE AVENUE
SUITE 300
JACKSONVILLE, FL 32204

Mailing Address
2008 RIVERSIDE AVENUE
SUITE 300
JACKSONVILLE, FL 32204

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09182007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0891511

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DALE, HOWARD L
200 WEST FORSYTH STREET, SUITE 1100
JACKSONVILLE, FL 32202-4308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME MAY STREET DEVELOPERS LLC ☐ Delete
STREET ADDRESS 2008 RIVERSIDE AVENUE, SUITE 300
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME 000110519190 ☐ Change ☐ Addition
STREET ADDRESS 10/09/07--01018--009 **50.00
CITY-ST-ZIP

TITLE PRESIDENT ☐ Change ☒ Addition
NAME WILLIAM M. SULZBACHER
STREET ADDRESS 2008 RIVERSIDE AVENUE, SUITE 300
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
NAME EUSEBIA L. FINK
STREET ADDRESS 2008 RIVERSIDE AVENUE, SUITE 300
CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

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

William M. Sulzbacher, 09/19/07 904-634-1500

President

Daytime Phone #

FILED

07 OCT -5 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

