

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AF)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-24-2006 90222 019 ****50.00

DOCUMENT # L04000078633

1. Entity Name

ATLANTIC COAST PALADIN SHORES, LLC



Principal Place of Business

730 COMMERCE CENTER DRIVE, SUITE C
SEBASTIAN FL 32958

Mailing Address

730 COMMERCE CENTER DRIVE, SUITE C
SEBASTIAN FL 32958

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/05)

4. FEI Number 14-1917194

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PALADIN, JOSEPH
730 COMMERCE CENTER DRIVE
C
SEBASTIAN FL 32958

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, the registered agent.

SIGNATURE

Joseph Paladin

3/14/06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PALADIN, JOSEPH
STREET ADDRESS 730 COMMERCE CENTER DRIVE, SUITE C
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE MGR ☐ Delete
NAME PALADIN, MICHELE
STREET ADDRESS 730 COMMERCE CENTER DRIVE, SUITE C
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE MGR ☐ Delete
NAME PALADIN, MICHELE
STREET ADDRESS 730 COMMERCE CENTER DRIVE, SUITE C
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

SIGNATURE:

Michele Paladin

3/14/06 772 589 9706

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

Date

Daytime Phone #