

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000078633

FILED
Jan 08, 2007
Secretary of State

Entity Name: ATLANTIC COAST PALADIN SHORES, LLC

Current Principal Place of Business:

730 COMMERCE CENTER DRIVE, SUITE C
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

730 COMMERCE CENTER DRIVE, SUITE C
SEBASTIAN, FL 32958

New Mailing Address:

FEI Number: 14-1917194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALADIN, JOSEPH
730 COMMERCE CENTER DRIVE
C
SEBASTIAN, FL 32958 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: PALADIN, JOSEPH
Address: 730 COMMERCE CENTER DRIVE, SUITE C
City-St-Zip: SEBASTIAN, FL 32958

Title: MGR () Delete
Name: PALADIN, MICHELE
Address: 730 COMMERCE CENTER DRIVE, SUITE C
City-St-Zip: SEBASTIAN, FL 32958

Title: MGR (X) Delete
Name: PALADIN, MICHELE
Address: 730 COMMERCE CENTER DRIVE, SUITE C
City-St-Zip: SEBASTIAN, FL 32958

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: MICHELE PALADIN

MGR

01/08/2007

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