

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90268 015 ***138.75

60014436



02112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2492358 Applied For Not Applicable

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

DOCUMENT # L05000021376

1. Entity Name
ATLANTIC CROSS PROPERTIES, L.L.C.



Principal Place of Business
10946 NW 31ST PLACE
GAINESVILLE, FL 32606

Mailing Address
10946 NW 31ST PLACE
GAINESVILLE, FL 32606

2. Principal Place of Business - No P.O. Box #
474415 E SR 200
Suite, Apt. #, etc.

3. Mailing Address
474415 E SR 200
Suite, Apt. #, etc.

City & State
FERNANDINA BEACH, FL
Zip 32034 Country USA

City & State
FERNANDINA BEACH, FL
Zip 32034 Country USA

6. Name and Address of Current Registered Agent
MICHAEL PHILIP ZAFFARONI
10946 NW 31 PLACE
GAINESVILLE, FL 32606

7. Name and Address of New Registered Agent
Name MICHAEL PHILIP ZAFFARONI
Street Address (P.O. Box Number is Not Acceptable)
474415 E SR 200
City FERNANDINA BEACH FL Zip Code 32034

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 *MP 7/1*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/11/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME MICHAEL PHILIP ZAFFARONI ☐ Delete
STREET ADDRESS 10946 NW 31ST PLACE
CITY-ST-ZIP GAINESVILLE, FL 32606

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 MGRM ☒ Change ☐ Addition
NAME MICHAEL PHILIP ZAFFARONI
STREET ADDRESS 474415 E SR 200
CITY-ST-ZIP FERNANDINA BEACH, FL 32034

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
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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: *MP 7/1*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/11/08 (904)261-7177