#### · 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

# **FILED**

Jul 10, 2006 8:00 am Secretary of State

Change

Addition

## DOCUMENT # L05000027816

NAME STREET ADDRESS

NAME

CITY-SI-ZIP TITLE

STREET ADDRESS

1. Entity Nam	C COAST PALADIN HAMM	IOCK, LLC		03-24-2	2006 90222 (	030 ****	50.00	
Principal Plac	ce of Business	Mailing Address						
730 COMMERCE CENTER, SUITE C SEBASTIAN FL 32958		730 COMMERCE CENTER, SUITE C SEBASTIAN FL 32958						
2. Principal Place of Business		3. Mailing Address		4 (1811P) UN 891EL 6758 81	10 #255 0050 00770 1107 1	O BADI I TETEL MATEU DI	1991 111 1691	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083	(10/05)		
City & State		City & State		4. FEI Number	<del></del>		plied For Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desi	red 🔲	\$5.00 Add	litiona)	
	5. Name and Address of Curren	it Registered Agent	<del></del>	7. Name and Address of N	lew Registered A	gent		
			Name				<del></del>	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR			Sireet Addre	Street Address (P.O. Box Number is Not Acceptable)				
	MI FL 33145							
			City		FL	Zip Cod		
	a named entity submits this statement of transfer agent.  Squature, your or professionance of regulariest agent.	nt and title if applicable. (NO	TE Perpusation Agent signature re	quired when reinstalling)	DATE			
		Make Check Payat	ile to Florida Depart le By May 1 2006	ment of State				
9.	MANAGING MEMB		10.		ONS/CHANGES			
nne	MGR	Delete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PALADIN, JOSEPH		NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	THE NAME STREET ADDRESS			Change	☐ Addition	
CITY-ST-ZIP			CITY-ST-ZIP					
_int	-	Delete	TITLE		<del></del>	Change	Addition	
NAME+ STREET ADDRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE		☐ Delete	TITLE			Change	Addition	

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 608, Florida Statutes.

CATY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

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STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	11111 55	eph Paladin	3/13/2	772589-9706
SIGNATURE AND POPED OR	THE OF SIGNING M	aifaging member, manager, or authorized	REPRESENTATIVE Core	Dayerre Phone #
	700			· · · · · · · · · · · · · · · · · · ·



#### Federal Tax ID / EIN

### This is your provisional Employer Identification Number:

20-5147176

Today's Date is: July 05, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

If you are going to complete other on-line applications that require your Employer Identification Number(EIN) you can copy it by performing the following steps:

- 1) Use your mouse to highlight your EIN (blue number on top of page) by moving your pointer on top of the number.
- 2) Press the Ctrl key at the same time pressing the C key.

Once you copy your EIN you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form SS-4.

Review and Print Form SS-4

Fill Out Another Form SS-4

Click here to return to the Internet Employer Identification Number landing (start) page.

# FLORIDA DEPARTMENT OF STATE Division of Corporations 20-5147176

March 27, 2006

ATLANTIC COAST PALADIN HAMMOCK, LLC 730 COMMERCE CENTER, SUITE C SEBASTIAN, FL 32958

Subject: ATLANTIC COAST PALADIN HAMMOCK, LLC

Reference Number:

L05000027816

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CJ ANNUAL REPORTS SECTION