

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)


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FILED
Aug 11, 2006 8:00 am
Secretary of State

07-31-2006 90145 022 *****5.00
08-11-2006 90090 035 *****50.00



2nd MOORE CR2E083 (4/06)

DOCUMENT # L05000052735					
1. Entity Name ATLANTIC COAST PROPERTIES LLC					
Principal Place of Business 10 JILL ALISON CIRCLE ORMOND BEACH FL 32176 US			Mailing Address 10 JILL ALISON CIRCLE ORMOND BEACH FL 32176 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-3044763				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PEPIN, MICHAEL A 10 JILL ALISON CIRCLE ORMOND BEACH FL 32176			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and LLC if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 6, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PEPIN, MICHAEL A		NAME		
STREET ADDRESS	10 JILL ALISON CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	ORMOND BEACH FL 32176		CITY - ST - ZIP		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KELLY, JAMES E		NAME		
STREET ADDRESS	12545 ARCOLA TRAIL		STREET ADDRESS		
CITY - ST - ZIP	STILLWATER MN 55082		CITY - ST - ZIP		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	OTTESON, JOHN		NAME		
STREET ADDRESS	873 GOODRICH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	ST. PAUL MN 55105		CITY - ST - ZIP		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KANE, MICHAEL O		NAME		
STREET ADDRESS	174 SOUTH GULF BOULEVARD		STREET ADDRESS		
CITY - ST - ZIP	PLACIDA FL 33946		CITY - ST - ZIP		
TITLE	MBR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, SANFORD		NAME		
STREET ADDRESS	28 BROAD RIVER ROAD		STREET ADDRESS		
CITY - ST - ZIP	ORMOND BEACH FL 32174		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <u>Michael Pepin</u>			Date: <u>7/05/06</u> 386-441-8779		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					