



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

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
DO NOT WRITE IN THIS SPACE		
		 03192007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-3044763 Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent		
PEPIN, MICHAEL A 10 JILL ALISON CIRCLE ORMOND BEACH, FL 32176		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEPIN, MICHAEL A 10 JILL ALISON CIRCLE ORMOND BEACH, FL 32176	U000000678643 04/03/07-80006-008 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KELLY, JAMES E 12545 ARCOLA TRAIL STILLWATER, MN 55082	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR OTTESON, JOHN 873 GOODRICH AVENUE ST. PAUL, MN 55105	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR KANE, MICHAEL O 174 SOUTH GULF BOULEVARD PLACIDA, FL 33946	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR MILLER, SANFORD 28 BROAD RIVER ROAD ORMOND BEACH, FL 32174	
TITLE 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 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 A. Pepin</u>		Date: <u>3-19-07</u> Daytime Phone #: <u>386-441-8779</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>		