2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000053384

1. Entity Name
ATLANTIC BEACH PROFESSIONAL OFFICE PARK, LLC

Principal Place of Business	Mailing Address
1750 SOUTH BRENTWOOD BOULEVARD, SUITE 701	1750 SOUTH BRENTWOOD BOULEVARD, SUITE 701
ST. LOUIS, MO 63144 US	ST. LOUIS, MO 63144 US

DO NOT WRITE IN THIS SPACE

01092008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number		Applied For
20-2944938		Not Applicable

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

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

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

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HOLSTE, STEPHEN F
STREET ADDRESS	1750 SOUTH BRENTWOOD BOULEVARD, SUITE 701
CITY-ST-ZIP	ST. LOUIS, MO 63144
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	

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U00000843088
03/11/08=80057-002 138.75

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: _____   2/11/08   314-963-0715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #