

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000055014

FILED
Jan 30, 2007
Secretary of State

Entity Name: ATLANTIC COAST REAL ESTATE DEVELOPMENT LLC

Current Principal Place of Business:

3130 SOUTHEAST GRAN PARKWAY
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

3130 SOUTHEAST GRAN PARKWAY
STUART, FL 34997

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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.

SIGNATURE: SPIEGEL&UTRERA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCCANDLESS, JOSEPH R
Address: 3130 SOUTHEAST GRAN PARKWAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: O'BRIEN, EILEEN
Address: 3130 SOUTHEAST GRAN PARKWAY
City-St-Zip: STUART, FL 34997

Title: MGRM () Delete
Name: RUSSO, DEBORAH
Address: 3130 SOUTHEAST GRAN PARKWAY
City-St-Zip: STUART, FL 34997

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOSEPH R MCCANDLESS

MGRM

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date