


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000100690 1. Entity Name ATLANTIC MIXED USE PROPERTIES, LLC	
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Principal Place of Business 8669 BAYPINE RD SUITE 100 JACKSONVILLE, FL 32256 US	Mailing Address 8669 BAYPINE RD SUITE 100 JACKSONVILLE, FL 32256 US
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02202008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3893837	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SLEIMAN, PETER D 8669 BAYPINE RD SUITE 100 JACKSONVILLE, FL 32256

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 _____
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM SLEIMAN, PETER D 8669 BAYPINE SUITE 100 JACKSONVILLE, FL 32256
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<p>U00000886533 04/18/08-80061-013 138.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **PETER D. SLEIMAN** **4/4/08** **904-367-5959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #