

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90020 021 ****50.00

20034155



DOCUMENT # L05000100702 1. Entity Name ATLANTIC NORTH COMMERCIAL, LLC					
Principal Place of Business 1415 NORTH 1ST STREET, UNIT 1102 JACKSONVILLE BEACH, FL 32250			Mailing Address 1415 NORTH 1ST STREET, UNIT 1102 JACKSONVILLE BEACH, FL 32250		
2. Principal Place of Business 8669 BAYPING RD Suite, Apt. #, etc. SUITE 100		3. Mailing Address 8669 BAYPING RD Suite, Apt. #, etc. SUITE 100			
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL		4. FEI Number 20-3893793	
Zip 32256		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SLEIMAN, PETER D 1415 NORTH 1ST STREET, UNIT 1102 JACKSONVILLE BEACH, FL 32250				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8669 BAYPING RD, SUITE 100 City JACKSONVILLE FL Zip Code 32256	
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 <u>PETER D. SLEIMAN</u> DATE <u>2/14/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER SLEIMAN, PETER D. 8669 BAYPING RD, SUITE 100 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>PETER D. SLEIMAN</u>			Date <u>2/14/06</u> Daytime Phone # <u>904-367-5959</u>		