2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007
Secretary of State

DOCUMENT# L06000107164

Entity Name: 5591 ATLANTIC VIEW, LLC

Current Principal Place of Business:

498 EAST BASE STREET
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 209
MADISON, FL 32341

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ODIORNE, STEVEN F
498 EAST BASE STREET
MADISON, FL 32340 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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	ODIORNE, STEVEN F	
Address:	POST OFFICE BOX 209	
City-St-Zip:	MADIOSON, FL 32341 US	
Title:	MGRM	( ) Delete
Name:	JACKSON, RAYMOND	
Address:	611 NORTH PIEDMONT STREET	
City-St-Zip:	ARLINGTON, VA 22203 US	
Title:	MGRM	( ) Delete
Name:	ODIORNE, GEORGE	
Address:	POST OFFICE BOX 846	
City-St-Zip:	BRANDON, FL 33509 US	
Title:	MGRM	( ) Delete
Name:	ODIORNE, TOM	
Address:	1703 COTTAGE WAY COURT	
City-St-Zip:	BRANDON, FL 33510 US	
Title:	MGRM	( ) Delete
Name:	VILDIBILL, CABELL	
Address:	5214 PINE ROCKLAND AVENUE	
City-St-Zip:	LITHIA, FL 33547 US	

ADDITIONS/CHANGES:

Title:	MGR	(X) Change ( ) Addition
Name:	ODIORNE, STEVEN F	
Address:	POST OFFICE BOX 209	
City-St-Zip:	MADISON, FL 32341 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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 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: STEVEN F. ODIORNE MR 05/08/2007

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