2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107164

Entity Name: 5591 ATLANTIC VIEW, LLC

FILED Jul 08, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

498 EAST BASE STREET MADISON, FL 32340

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 209 MADISON, FL 32341

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: Name and Address of New Registered Agent:

ODIORNE, STEVEN F 498 EAST BASE STREET MADISON, FL 32340 US

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: ADDITIONS/CHANGES:

Title: MGR () Delete Title: () Change () Addition

 Name:
 ODIORNE, STEVEN F
 Name:

 Address:
 POST OFFICE BOX 209
 Address:

 City-St-Zip:
 MADISON, FL 32341 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 JACKSON, RAÝMOND
 Name:

 Address:
 611 NORTH PIEDMONT STREET
 Address:

 City-St-Zip:
 ARLINGTON, VA 22203 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ODIORNE, GEORGE
 Name:

 Address:
 POST OFFICE BOX 846
 Address:

 City-St-Zip:
 BRANDON, FL 33509 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 ODIORNE, TOM
 Name:

 Address:
 1703 COTTAGE WAY COURT
 Address:

 City-St-Zip:
 BRANDON, FL 33510 US
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 VILDIBILL, CABELL
 Name:

 Address:
 5214 PINE ROCKLAND AVENUE
 Address:

 City-St-Zip:
 LITHIA, FL 33547 US
 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 ODIORNE MR. 07/08/2008