2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118263

Entity Name: ATLANTIC COAST VENDING, LLC

FILED Mar 27, 2007 Secretary of State

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

3290 SUNTREE BLVD., SUITE 102 249 SCORPION CT. MELBOURNE, FL 32940

SATELLITE BEACH, FL 32937 US

Current Mailing Address: New Mailing Address:

319 CHENNAULT LANE 115 DESOTO PARKWAY

ROCKLEDGE, FL 32955 SATELLITE BEACH, FL 32937 US

FEI Number: 22-3948778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145 US

PARRY, CURTIS H PRES 115 DESOTO PARKWAY SATELLITE BEACH, FL 32937 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: CURTIS PARRY SR. 03/27/2007

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition CRISAFULLI, LEAH M PARRY, CURTIS H PRES. Name: Name:

3290 SUNTREE BLVD., SUITE 102 Address: 249 SCORPION CT. Address:

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: () Delete Title: (X) Change () Addition CRISAFULLI, LEAH M Name:

Name: PARRY, CURTIS H Address: 3290 SUNTREE BLVD., SUITE 102 Address: 249 SCORPION CT.

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR () Delete Title: MGR (X) Change () Addition CRISAFULLI, ANTHONY PARRY, SHAWNE VP Name: Name:

3290 SUNTREE BLVD., SUITE 102 249 SCORPION CT. Address: Address: MELBOURNE, FL 32940 SATELLITE BEACH, FL 32937

City-St-Zip: City-St-Zip:

() Delete (X) Change () Addition Title: Title: CRISAFULLI, ANTHONY Name: Name: PARRY, SHAWNE

3290 SUNTREE BLVD., SUITE 102 249 SCORPION CT. Address: Address:

City-St-Zip: MELBOURNE, FL 32940 City-St-Zip: SATELLITE BEACH, FL 32937

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: CURTIS PARRY SR. 03/27/2007