

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044918

FILED
May 01, 2009
Secretary of State

Entity Name: ATLANTIC ISLAND PROPERTIES LLC

Current Principal Place of Business:

1923 AVENUE D
FORT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

1923 AVENUE D
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 26-2543582 FEI Number Applied For () FEI Number Not Applicable () 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:

FILMORE, RUFUS SR.
1923 AVE. D
FORT PIERCE, FL 34950 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: MGRM () Delete
Name: FILMORE, BRIAN J JR
Address: 1923 AVENUE D
City-St-Zip: FORT PIERCE, FL 34950

Title: MGRM () Delete
Name: FILMORE, RUFUS D JR.
Address: 2302 AVENUE C
City-St-Zip: FORT PIERCE, FL 34950 US

Title: MGRM () Delete
Name: WOOD, LATOYNA N
Address: 1561 SE FACULTY COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

ADDITIONS/CHANGES:

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: BRIAN FILMORE

MGM

05/01/2009

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