


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000000413 1. Entity Name ATLANTIC PROFESSIONAL PROPERTIES, L.L.C.	
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Principal Place of Business 1591 E. ATLANTIC BLVD. SUITE 103 POMPANO BEACH, FL 33060	Mailing Address 1591 E. ATLANTIC BLVD. SUITE 103 POMPANO BEACH, FL 33060
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DO NOT WRITE IN THIS SPACE



01032008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0982348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WEINBERG, STEVEN A
 7805 SW 6 COURT
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000775427
 01/08/08-80029-020 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, BRETT 1591 E. ATLANTIC BLVD. #103 POMPANO BEACH, FL 33060
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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 officer or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: B. Howell Date: 1/4/08 Daytime Phone #: (954) 545-9868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE