

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015051

FILED  
Apr 29, 2005  
Secretary of State

Entity Name: ATER REGISTERED AGENTS, LLC

**Current Principal Place of Business:**

2601 SOUTH BAYSHORE DR., STE. 600  
COCONUT GROVE, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2601 SOUTH BAYSHORE DR., STE. 600  
COCONUT GROVE, FL 33133

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired ( )

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

ALVAREZ, TAYLOR, ELJAIK & RODRIGUEZ, PL  
2601 SOUTH BAYSHORE DR., STE. 600  
COCONUT GROVE, FL 33133 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/MEMBERS:**

Title: MGR                      ( ) Delete  
Name: ALVAREZ, BENJAMIN R  
Address: 2601 SOUTH BAYSHORE DR., STE. 600  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR                      ( ) Delete  
Name: TAYLOR, STEPHEN A  
Address: 2601 SOUTH BAYSHORE DR., STE. 600  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR                      ( ) Delete  
Name: ELJAIK, SANTIAGO III  
Address: 2601 SOUTH BAYSHORE DR., STE. 600  
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR                      ( ) Delete  
Name: RODRIGUEZ, RONIEL IV  
Address: 2601 SOUTH BAYSHORE DR., STE. 600  
City-St-Zip: COCONUT GROVE, FL 33133

**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:

Title:                                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: BENJAMIN R ALVAREZ                                      MGR                                      04/29/2005

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