

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Mar 07, 2008 8:00 am**  
**Secretary of State**

03-07-2008 90225 037 \*\*\*138.75

60013164



01312008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000063772			
1. Entity Name ATLANTIS REAL ESTATE HOLDINGS, LLC			
Principal Place of Business 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137		Mailing Address 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137	
2. Principal Place of Business, No P.O. Box # 2303 N. STATE STREET		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BUNNELL FLA		City & State	
Zip 32110		Country FLAOREN	
4. FEI Number 26-0423305		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 KATZ, B. PAUL 1 FLORIDA PARK DRIVE SOUTH, ATRIUM SUITE PALM COAST, FL 32137		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EAGLE, DENIS 7 PENN PLAZA, STE. 820 NEW YORK, NY 1001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIEGEL, DAVID 7 PENN PLAZA, STE. 820 NEW YORK, NY 1001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUTKOWITZ, LEONARD 7 PENN PLAZA, STE. 820 NEW YORK, NY 1001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <i>Denis Eagle</i> DENIS EAGLE		Date: 3/1/08 212-714-2718	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	