

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063852

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: ATLANTIC PROPERTY MANAGEMENT LLC

**Current Principal Place of Business:**

15841 PINES BLVD  
115  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

15841 PINES BLVD  
115  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

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

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

FENWICK, ANNA G  
15841 PINES BLVD  
115  
PEMBROKE PINES, FL 33027 US

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

FENWICK, DAVID R  
15841 PINES BLVD  
115  
PEMBROKE PINES, FL 33027 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: DAVID FENWICK

04/11/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FENWICK, ANNA G  
Address: 15841 PINES BLVD #115  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM ( ) Delete  
Name: DAVID, FENWICK R  
Address: 15841 PINES BLVD #115  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

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: DAVID FENWICK

MGRM

04/11/2008

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