2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# M01000001356

Entity Name: THE ATLAS GROUP OF COMPANIES, LLC

Current Principal Place of Business:

135 E 57TH STREET
26TH FLOOR
NEW YORK, FL 10022

New Principal Place of Business:

Current Mailing Address:

135 E 57TH STREET
26TH FLOOR
NEW YORK, FL 10022

New Mailing Address:

FEI Number: 13-4143184 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.
941 FOURTH STREET #200
MIAMI BEACH, FL 33139 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: FARKAS, MICHAEL D
Address: 1691 MICHIGAN AVENUE, STE 425
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete
Name: FISHMAN, SHIMON S
Address: 135 E 57TH STREET, 26TH FLOOR
City-St-Zip: NEW YORK, NY 10022

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: SCHECHTER, ROBERT
Address: 135 E 57TH STREET, 26TH FLOOR
City-St-Zip: NEW YORK, NY 10022

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: MICHAEL D FARKAS MGR 04/21/2005

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