

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90036 003 ****55.00

DOCUMENT # M01000001578

1. Entity Name

BLUFFS, L.L.C.

Principal Place of Business

1001 NORTH U.S. HIGHWAY ONE **STE. 875**
 JUPITER FL 33477

Mailing Address

1001 NORTH U.S. HIGHWAY ONE **STE. 875**
 JUPITER FL 33477

903898

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

STE. 308

Suite, Apt. #, etc.

STE. 308

City & State

City & State

4. FEI Number

65-1118697

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MEM** Delete
 NAME: **ATLAS OFFSHORE INVESTMENT FUND LTD.**
 STREET ADDRESS: **CHARLOTTE HOUSE, CHARLOTTE ST., 2ND FLOOR**
 CITY-ST-ZIP: **NASSAU, BAHAMAS**

TITLE: Change Addition
 NAME: **ATLAS**
 STREET ADDRESS: **CHARLOTTE HOUSE, CHARLOTTE ST., 2ND FLOOR**
 CITY-ST-ZIP: **NASSAU, BAHAMAS**

TITLE: **MEM** Delete
 NAME: **HERITAGE HILL, L.L.C.**
 STREET ADDRESS: **1001 NORTH U.S. HIGHWAY ONE **STE. 875****
 CITY-ST-ZIP: **JUPITER FL 33477**

TITLE: Change Addition
 NAME: **HERITAGE HILL, L.L.C.**
 STREET ADDRESS: **1001 NORTH U.S. HIGHWAY ONE **STE. 308****
 CITY-ST-ZIP: **JUPITER FL 33477**

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)