

FILED
Feb 21, 2002 8:00 am
Secretary of State

01-15-2002 90036 004 ****55.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000001580

1. Entity Name

COPPER RIDGE, 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

2. Principal Place of Business

1001 North US Highway 1

3. Mailing Address

1001 North US Highway 1

Suite, Apt. #, etc.

STE. 308

Suite, Apt. #, etc.

STE. 308

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

65-1118698

Applied For

Not Applicable

Zip

33477

Country

USA

Zip

33477

Country

USA

5. Certificate of Status Desired



\$5.00 Additional Fee Required

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

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEM
STREET ADDRESS	Heritage Hill LLC
CITY-ST-ZIP	1001 North US Highway 1 Jupiter FL 33477
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEM
STREET ADDRESS	Atlas Offshore Investment Fund Ltd
CITY-ST-ZIP	Charlotte House, Charlotte Street 2nd Floor Nassau Bahamas
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

1/10/02

561-741-1232

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

Date

Daytime Phone #

CPRE083 (9/01)