## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME (

## Jan 18, 2005 08:00 AM DOCUMENT # M03000000767 Secretary of State ATLANTIC & GULF LIMITED, L.L.C. Principal Place of Business Mailing Address 314 ARDMORE ROAD 314 ARDMORE ROAD HO-HO-KUS, NJ 07423 HO-HO-KUS, NJ 07423 CR2E083 (10/03) 01072005No Cha-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 74-3079914 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 IN THIS SPACE 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Filing Fee is \$50.00 Due by May 1, 2005 U000000182235 MANAGING MEMBERS/MANAGERS 9. MGR DELUCCA, JOHN J MAME STREET ADDRESS 314 ARDMORE ROAD HO-HO-KUS, NJ 07423 CITY-ST-ZIP **TITLE** NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITT E NAME STREET ADDRESS

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 quarte empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED**