

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # M05000002407

1. Entity Name
ATLANTIC 95, LLC



Principal Place of Business
**C/O GARY & ADELE LAMPERT
 22147 W. CUBA ROAD
 KILDEER, IL 60047**

Mailing Address
**C/O GARY & ADELE LAMPERT
 22147 W. CUBA ROAD
 KILDEER, IL 60047**



05012008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**JOSHUA L. DUBIN, P.A.
 17701 BISCAYNE BLVD., SUITE 201
 AVENTURA, FL 33160**

**DO NOT WRITE
 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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPERT, GARY 22147 W. CUBA ROAD KILDEER, IL 60047
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAMPERT, ADELE 22147 W. CUBA ROAD KILDEER, IL 60047
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U00000947017
 05/30/08-80072-016 138.75

**DO NOT WRITE
 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

[Signature]
 Date: **4/30/08** Daytime Phone: **847 910-6863**