

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 27 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L99000005232**

1. Entity Name  
**ATLANTIC PARTNERS USA, L.L.C.**

Principal Place of Business C/O WILLIAM C. HEARON ONE S.E. THIRD AVENUE, SUITE 3000 MIAMI FL 33131	Mailing Address C/O WILLIAM C. HEARON ONE S.E. THIRD AVENUE, SUITE 3000 MIAMI FL 33131-1715
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FE# Number **65-095588** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**HEARON, WILLIAM C ESQ.**  
**ONE S.E. THIRD AVENUE, SUITE 3000**  
**MIAMI FL 33131**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEARON, WILLIAM C ONE S.E. THIRD AVENUE, SUITE 3000 MIAMI FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KOCH, VIOLA 1324 STATE STREET, PMB 1161 SANTA BARBARA CA 93101 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700003246907--7</b> <b>-05/10/00--01083--002</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VIOLA KOCH 1324 STATE ST. J #161 SANTA BARBARA, CA 93101 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *William C. Hearon* **William C. Hearon Co-Mgr.** **4-24-00** **305-579-9813**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)