2000	UNIFORM BUSI	NESS REPO	RT (UBR)	_	
DOCUMENT # L990000 2849 1. Entity Name				SECRETARY OF STATE DIVISION OF CORPORATIONS	
ATLANTIC VENETIAN, L.C.					
Principal Plac		Mailing Address		00 JUN 14 PM 2: 2	ų.
	MERI DIAN AUE.	.SA	ME		
JULIE SOL					
	BEACH, FL 3313	3. Mailing Address		_	
			DO NOT WRITE IN THIS SI	DACE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 65-0925678	Applied For Not Applicable
Zip	Country	Zip	Country	5 Certificate of Status Desired	5.00 Additional ee Required
<u>.</u>	6. Name and Address of Current F	legistered Agent		7. Name and Address of New Registered A	
BEDZ	ow, MICHAEL, E	5Q	Name		
), KORN BROWN, MILL		Street Address	s (P.O. Box Number is Not Acceptable)	
	BISCAYNE BLUD,				
AVENTURA, FL. 33180		City	FL	Zip Code	
			egistered office or regisi	ered agent, or both, in the State of Florida.	
SIGNATURE .					.£
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	Registered Agent signature requi	red when reinstating) DATE	
		(4) 新聞的報告的學術學院的學術學的學術學院的學術學院	WIII FEE IS \$50.0		£1.9
		Make Check Pay	able to Department	of State	
9.	MANAGING MEMBE		10.	ADDITIONS/CHANGES	☐ Change ☐ Addition
TITLE NAME	MGR BENHAMOU GILB	☐ Delete	NAME ,		Change Addition
STREET ADDRESS CITY-ST-ZIP	BENHAMOU, GILB 1688 MERIDIAN A MIAMI BEACH	ue #506 Ec 33139	STREET ADDRESS CITY-ST-ZIP		5.
TITLE	Meralle Denet	Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS	1000032989 -06/21/00011	<u>1617</u>
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STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP	6		TITLE		Change Addition
NAME			NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby of indicated limited list	certify that the information supplied with I on this report is true and accurate and ability company or the receiver or trustee	this filing does not qualify for that my signature shall flave to empowered to execute this	he exemption stated in he same legal effect as eport as required by Ch.	Section 119.07(3)(i), Florida Statutes. I further certiff made under oath; that I am a managing member apter 608, Florida Statutes.	fy that the information or manager of the
SIGNAT		House	<u> </u>	6-7-200	20
JIJIMI	SIGNATURE AND TYPED OR PRIN	TED NAME OF SKING MANAGING	EMBER OR MANAGER	Dale Da	ytime Phone #