


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2005 08:00 AM
Secretary of State

| | |
|--------------------------------|---|
| DOCUMENT # L03000007040 |  |
| 1. Entity Name ATR, LLC | |

| | |
|---|---|
| Principal Place of Business 13275 S.W. 124TH STREET MIAMI, FL 33186 | Mailing Address 13275 S.W. 124TH STREET MIAMI, FL 33186 |
|---|---|



01172005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 4. FEI Number 45-0511808 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |

| |
|--|
| 6. Name and Address of Current Registered Agent LOEHIDE, RONALD W 13275 S.W. 124TH STREET MIAMI, FL 33186 |
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000226187
02/12/05-80005-014 55.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LOHERDE, RONALD 9100 TIFFANY DR. MIAMI, FL 33157 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CASTRO, DIEGO R 9240 SW 58 TERRACE MIAMI, FL 33173 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

2.8 05