


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90368 036 ****50.00

DOCUMENT # L03000043532					
1. Entity Name ATLANTIC LENDING LLC					
Principal Place of Business 18305 BISCAYNE BOULEVARD SUITE 402 AVENTURA, FL 33180 US			Mailing Address 18305 BISCAYNE BOULEVARD SUITE 402 AVENTURA, FL 33180 US		
2. Principal Place of Business 18851 NE 29 Ave Suite, Apt. #, etc. Suite 901 City & State Aventura, FL Zip 33180 Country Dade		3. Mailing Address 18851 NE 29 Ave Suite, Apt. #, etc. Suite 901 City & State Aventura, FL Zip 33180 Country Dade		04272005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 43-2038616		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. 20801 BISCAYNE BLVD. SUITE 501 AVENTURA, FL 33180			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HALE, GABRIELLE 18305 BISCAYNE BLVD., SUITE 402 AVENTURA, FL 33180	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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: <u>Gabriel Hale</u>		Date: <u>4/29/05</u>		Telephone: <u>305-931-4959</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					