

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 07, 2006 8:00 am**  
**Secretary of State**

02-07-2006 90073 014 \*\*\*\*50.00

<b>DOCUMENT # L04000042857</b>					
<b>1. Entity Name</b> ATLANTIC 1, 2904, LLC					
<b>Principal Place of Business</b> % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146			<b>Mailing Address</b> % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc. <i>Suite 248</i>		Suite, Apt. #, etc. <i>Suite 248</i>			
City & State		City & State		<b>4. FEI Number</b> 01312006 Chg-LLC CR2E083 (11/05) 20-1222530	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
BARED, PABLO R ESQ. BARED AND ASSOC., PA 1500 SAN REMO AVENUE, SUITE 103 CORAL GABLES, FL 33146				Name Street Address (P.O. Box Number is Not Acceptable) <i>#248</i> City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAPENTTI, NICOLAS % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LAPENNTI, MARIA C % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LAPENNTI, MARIA C % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DE LAPENNTI, MARIA C % 1500 SAN REMO AVE., SUITE 103 CORAL GABLES, FL 33146	<input type="checkbox"/> Delete			
<b>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.</b>					
<b>SIGNATURE:</b> <i>m. Lapentti P</i> <i>1/31/06</i> <i>6666010</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					