


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90019 049 \*\*\*\*50.00

**DOCUMENT # L05000003494**

1. Entity Name  
**ATLANTIC CAPITAL-STUART MARKETPLACE LLC**



Principal Place of Business  
**ONE NORTH CLEMATIS STREET, SUITE 200  
 WEST PALM BEACH, FL 33401**

Mailing Address  
**ONE NORTH CLEMATIS STREET, SUITE 200  
 WEST PALM BEACH, FL 33401**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number  
**16-1735187**

Applied For  
 Not Applicable

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

01312006 Chg-LLC CR2E083 (11/05)

**6. Name and Address of Current Registered Agent**

**TABERNILLA, ARMANDO A  
 ONE NORTH CLEMATIS STREET, SUITE 200  
 WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	P	<input type="checkbox"/> Delete
NAME	Fanjul, Jr., Jose F.	
STREET ADDRESS	One N. Clematis St., Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	Beckerman, Arthur	
STREET ADDRESS	One N. Clematis St., Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V/T	<input type="checkbox"/> Delete
NAME	Blomqvist, Erik J.	
STREET ADDRESS	One N. Clematis St., Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	Portuondo, Aurelio J.	
STREET ADDRESS	One N. Clematis St., Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	V/S	<input type="checkbox"/> Delete
NAME	Tabernilla, Armando A.	
STREET ADDRESS	One N. Clematis St., Ste 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Armando A. Tabernilla By: **Armando A. Tabernilla, V.P.** Date: **4/7/2006** Daytime Phone #: **561 655-6303**

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