

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90020 034 \*\*\*\*50.00

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<b>DOCUMENT # L05000071765</b> 1. Entity Name 900 ATLANTIC, LLC					
Principal Place of Business 6638 NEWPORT LAKE CIR. BOCA RATON, FL 33496			Mailing Address 6638 NEWPORT LAKE CIR. BOCA RATON, FL 33496		
2. Principal Place of Business 3169 SW RIVERS END WAY		3. Mailing Address 3169 SW RIVERS END WAY			
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State PALM CITY, FL		City & State PALM CITY, FL		4. FEI Number 04042006 Chg-LLC CR2E083 (11/05)	
Zip 34990		Country MARTIN		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 STAUFFER, LARRY 6638 NEWPORT LAKE CIR. BOCA RATON, FL 33496			
7. Name and Address of New Registered Agent Name LARRY STAUFFER		Street Address (P.O. Box Number is Not Acceptable) 3169 SW RIVERS END WAY			
City PALM CITY, FL		Zip Code FL 34990			
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 4/1/06 <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BUNTER LIMITED PARTNERSHIP 6638 NEWPORT LAKE CIR. BOCA RATON, FL 33496		TITLE NAME STREET ADDRESS CITY - ST - ZIP	BUNTER LP 3169 SW RIVERS END WAY PALM CITY, FL 34990	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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	
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date 4/1/06 Daytime Phone 772-219-1005		