


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90362 043 ****50.00

DOCUMENT # L05000003494 1. Entity Name ATLANTIC CAPITAL-STUART MARKETPLACE LLC	
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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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
16-1735187

Applied For
Not Applicable


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

40075108



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
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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, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FANJUL, JOSE F JR <input type="checkbox"/> Delete ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BECKERMAN, ARTHUR <input checked="" type="checkbox"/> Delete ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BLOMQVIST, ERIK J <input type="checkbox"/> Delete ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PORTUONDO, AURELIO J <input type="checkbox"/> Delete ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS TABERNILLA, ARMANDO A <input type="checkbox"/> Delete ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401	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  By: Armando A. Tabernilla, V.P. 4/17/07 561-655-6303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #