


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90122 005 \*\*\*138.75

**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**

**60027146**



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

03052008 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number  
**16-1735187**

Applied For  
 Not Applicable

Zip Country

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

**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)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

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


**9. MANAGING MEMBERS/MANAGERS**

TITLE	P	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F JR	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BLOMQUIST, ERIK J	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTUONDO, AURELIO J	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS/CHANGES**

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martell, Daniel	
STREET ADDRESS	One North Clematis Street Suite 200	
CITY-ST-ZIP	West Palm Beach, FL 33401	
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:**  **By: Armando A. Tabernilla, V.P.** **4/10/08** **(561) 366-5100**

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