

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000009817

1. Entity Name
ATELIER 359, L.L.C.



Principal Place of Business
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459

Mailing Address
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459



01232004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number 59-3667973	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MCCORMICK, LESLIE GRAHAM
359 LAKEWOOD DRIVE
SEAGROVE BEACH, FL 32459

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

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCORMICK, LESLIE G 359 LAKEWOOD DRIVE SEAGROVE BEACH, FL 32459
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 01/30/04-80040-021 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: