## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## DOCUMENT # L00000010738

1. Entity Name

ATLANTIS INVESTMENT GROUP, LLC



Mar 25, 2004 08:00 AM Secretary of State

**FILED** 

Principal Place of Business

5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462

Mailing Address

5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462



CR2E083 (10/03)

## DO NOT WRITE IN THIS SPACE

4. FE! Number Applied For 65-1061512 Not Applicable

5. Certificate of Status Desired

01052004 No Chg-LLC

\$5.00 Additional Fce Required

6. Name and Address of Current Registered Agent

STEINBERG, SETH S M.D. 5401 SOUTH CONGRESS AVE STE 211

## DO NOT WRITE

ATLANTIS	5, FL 33402		IN THIS	SSPACE	
	e named entity submits this statement for the purpose of chan tions of registered agent.	nging its registered office	ce or registered agent, or both, in the S	State of Florida. I am familia	r with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agont s	signature required when reinstating)	DATE	
F	iling Fee is \$50.00 sue by May 1, 2004		03/	U00000096 <b>034</b> 25/04-80012-029	5 50.00
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM STEINBERG, SETH M.D. 5401 S CONGRESS AVE STE 211 ATLANTIS, FL 33462	·			·
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY ST-ZIP			DO NO	T WRITE	
DILE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

11. I hereby certify that the information supplied with this filling 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

CITY-ST-ZIP

G MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGE

SETH STEINBERG

561-964-8622 3-20-04

Daytime Phone #