

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000012260
1. Entity Name
 ATLANTIC REAL ESTATE DEVELOPMENT, L.L.C.

FILED

01 APR 12 AM 8:42

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business **Mailing Address**
 1150B EAST HALLANDALE BEACH BOULEVARD 1150B EAST HALLANDALE BEACH BOULEVARD
 HALLANDALE FL 33309 HALLANDALE FL 33309



2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

65-1049782

4. FEI Number 65-1049782 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEOPOLD, NORMAN ESQUIRE
 20801 BISCAYNE BOULEVARD, SUITE 501
 AVENTURA FL 33180

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State

800004036508-4
 -04/20/01--01110--017
 *****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
DM	ROBERT VEITHEL	1150B E. HALLANDALE Bch. Blvd.	HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DM	JAYA ZEBEDE	1150B. E. HALLANDALE BEACH Blvd.	HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DM	SAUL WAGENBERG	1150B. E. HALLANDALE BEACH Blvd.	HALLANDALE FL 33009	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **ROBERT HEGER** Date: 4/06/01 Daytime Phone #: (954) 453-3660

CR2E083 (11/00)