2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

Feb 27, 2006 08:00 AM DOCUMENT # L00000014368 **Secretary of State** 1. Entity Name **ATLANTIS LLC** Principal Place of Business Mailing Address 862 SUNFLOWER CIRCLE 862 SUNFLOWER CIRCLE WESTON, FL 33327 WESTON, FL 33327 02022006 Na Chg-LLC GR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1056058 Not Applicable \$5.00 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent ALVARO CASTILLO B., P.A. DO NOT WRITE 1390 BRICKELL AVENUE, SUITE 200 MIAMI, FL 33131 IN THIS SPACE 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. (NOTE, Registered Agent signature required when rainstaking) Filing Fee is \$50.00 Due by May 1, 2006 8. MANAGING MEMBERS/MANAGERS TITLE MGR SAAL, EDUARDO D STREET ADDRESS 862 SUNFLOWER CIRC CHY-ST-ZIP WESTON, FL, 33327, TITLE NAME HIRDDOM 2596 STREET ADDRESS 03/08/06 00063-021 50.00 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP MBE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS City-SI-ZIP 11. I hereby certify that the information supplied with this filing floes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is the and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager of the limited liability company or increase ampowered to execute this report as required by Chapter 608, Florida Statutes.

ANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED