

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/4/

**FILED**  
**Mar 12, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90002 018 \*\*\*\*50.00

**DOCUMENT # L01000004481**

1. Entity Name

**ATLANTIC ESTATES LLC**

Principal Place of Business

**515 NORTH FLAGLER DRIVE  
 NORTH BRIDGE TOWER I, 18TH FLOOR  
 WEST PALM BEACH FL 33401**

Mailing Address

**515 NORTH FLAGLER DRIVE  
 NORTH BRIDGE TOWER I, 18TH FLOOR  
 WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**O'CONNELL, BRIAN M  
 515 NORTH FLAGLER DRIVE  
 NORTH BRIDGE TOWER I, 18TH FLOOR  
 WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGR  
 O'CONNELL, BRIAN M  
 515 NORTH FLAGLER DRIVE  
 WEST PALM BEACH FL 33401** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1/27/02**

Date

**561-832-5908**

Daytime Phone #

CR2E083 (9/01)