2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

DOCUMENT # L01000004481

1. Entity Name
ATLANTIC ESTATES LLC



FILED
Jan 09, 2004 08:00 AM
Secretary of State

Principal Place of Business

SIGNATURE:

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



01052004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number
	26-4135891

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 famillar with, and accept the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registared Agent signature required when reinstating) DATE				
Filing Fee is \$50.00 Due by May 1, 2004						
9.	MANAGING MEMBERS/MANAGERS			The second secon		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'CONNELL, BRIAN M 515 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	A. T. C.		V00000001615		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			01	/12/04-80018-003 50.00T 11		
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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 cath, 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.						