


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000004481</b> 1. Entity Name <b>ATLANTIC ESTATES LLC</b>	
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Principal Place of Business <b>515 NORTH FLAGLER DRIVE NORTH BRIDGE TOWER I, 18TH FLOOR WEST PALM BEACH, FL 33401</b>	Mailing Address <b>515 NORTH FLAGLER DRIVE NORTH BRIDGE TOWER I, 18TH FLOOR WEST PALM BEACH, FL 33401</b>
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>26-4135891</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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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**

**DO NOT WRITE  
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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR O'CONNELL, BRIAN M 515 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401</b>
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01/11/05-80009-004 50.00

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

**1/6/2005**

Date

**561-832-5900**

Daytime Phone #