


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000004637 1. Entity Name ATLANTIC PREPAID WHOLESALE, LLC	
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Principal Place of Business 1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442	Mailing Address 1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442
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04192004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1088892	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MARKATIA, MOHAMMED A 1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442
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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 familiar with, and accept the obligations of registered agent.
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000133537
04/27/04-80092-005 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARKATIA, M.A. 1215 W. NEWPORT CTR DR DEERFIELD BEACH, FL 33442
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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: <u><i>M. A. Markatia</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>
Date _____ <small>Date</small>
Daytime Phone # _____ <small>Daytime Phone #</small>