2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

limited liability company or

SIGNATURE AND TYPED OR PRINTED NAME OF SH

SIGNATURE:

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # L01000022631 1. Entity Name 03-22-2004 90425 040 ****50.00 ATLANTIC II HOLDINGS, L.L.C. Principal Place of Business Mailing Address 4300 NORTH UNIVERSITY DRIVE 4300 NORTH UNIVERSITY DRIVE ヘマハヘエハハT SUITE F 200 LAUDERHILL FL 33351 SUITE F 200 LAUDERHILL FL 33351 3. Mailing Address 2. Principal Place of Business 1130 E HALLMOAVE BEACH BLUD 1130 E HALLANDALE BEACH BLUD Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 30 City & State City & State 4. FEI Number Applied For HALLANDALE BEACH FL HALLANDALE BENCH FU 71-0869062 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Name ROBERTS, NORMAN T Street Address (P.O. Box Number is Not Acceptable) 50 WEST MASHTA DRIVE SUITE 4 LAUDERHILL FL 33149 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Merm Change **MGRM** TITLE **X** Delete TITLE ☐ Addition MORROW ILANA 1130 E HALLANDAGE BEACH BLUD SUME B MORROW, ILANA NAME NAME 4300 NORTH UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS HALLANDALE BEACH FL 33009 CITY-ST-ZIP LAUDERHILL FL 33351 CITY-ST-ZIP m/all MGR Delete TITLE Change ☐ Addition NAME MORROW, DAVID NAME MONROW DAVID STREET ADDRESS 4300 NORTH UNIVERSITY DRIVE STREET ADDRESS 130 E HALLANDAK BEACH BLUD SUTEB CITY-ST-7IP CITY-ST-ZIP LAUDERHILL FL 33351 HALLANDALE BEACH FL 33009 TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information indicated on this report is true and upplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

rate 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

rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

DAVID MORROW

FILED