

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L02000001494

1. Entity Name
ATLANTIC AVENUE PARTNERS II, LLC



Principal Place of Business
1801 S. FEDERAL HWY
STE. 241
DELRAY BEACH, FL 33483

Mailing Address
1801 S. FEDERAL HWY
STE. 241
DELRAY BEACH, FL 33483



01062004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3068205

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PARK, MICHAEL G ESQ.
610 N. DIXIE HWY
LANTANA, FL 33462

**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

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

(NOTE: Registered Agent signature required when re-filing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LYNCH, PATRICK W
1801 S. FEDERAL HWY, STE. 241
DELRAY BEACH, FL 33483

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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01/12/04-80018-007 50.00

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IN THIS SPACE**

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

1/5/04 (561) 243-0019

Date

Daytime Phone #