

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000003762

Entity Name: ATLANTIS GROUP, L.L.C.

**FILED**  
**Jul 21, 2004**  
**Secretary of State**

## **Current Principal Place of Business:**

815 N.W. 57TH AVE., STE. 202  
MIAMI, FL 33126

## **New Principal Place of Business:**

1637 NW 27 AVENUE  
200  
MIAMI, FL 33125

## **Current Mailing Address:**

815 N.W. 57TH AVE., STE. 202  
MIAMI, FL 33126

## **New Mailing Address:**

1637 NW 27 AVENUE  
200  
MIAMI, FL 33125

FEI Number: 03-0483560

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SMOLEY, ROBERT ESQUIRE  
2665 SO. BAYSHORE DR., SUITE 200  
MIAMI, FL 33131 US

## **Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: VELOCCI, RALPH  
Address: 815 NW 57 AVE.  
City-St-Zip: MIAMI, FL 33126

Title: S (X) Delete  
Name: MEDINA, RAUL  
Address: 815 NW 57 AVE.  
City-St-Zip: MIAMI, FL 33126

## **ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: VELOCCI, RALPH  
Address: 1637 NW 27 AVENUE #200  
City-St-Zip: MIAMI, FL 33125

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: RALPH VELOCCI

MGRM

07/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date