
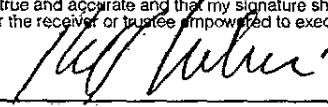


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000003762		
1. Entity Name ATLANTIS GROUP, L.L.C.		
Principal Place of Business 1637 NW 27 AVENUE #200 MIAMI, FL 33125	Mailing Address 1637 NW 27 AVENUE 200 MIAMI, FL 33125	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SMOLEY, ROBERT ESQUIRE 2665 SO. BAYSHORE DR., SUITE 200 MIAMI, FL 33131		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. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM VELOCCI, RALPH 1637 NW 27 AVENUE #200 MIAMI, FL 33125	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
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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)(f), 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: 		4-12-05 305-633-4239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #



04082005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
03-0483560

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1100000307986
04/15/05-80069-015 50.00