


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90189 039 \*\*\*\*50.00

**DOCUMENT # L02000005042**

1. Entity Name  
**A&L ATLANTIS, L.L.C.**



Principal Place of Business      Mailing Address

**13575 SW 68TH COURT  
PINECREST FL 33156**      **13575 SW 68TH COURT  
PINECREST FL 33156**

2. Principal Place of Business      3. Mailing Address

**12365 SW 64 AVENUE**      **12365 SW 64 AVENUE**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**PINECREST, FL**      **PINECREST, FL**

Zip      Country      Zip      Country

**33156**      **USA**      **33156**      **USA**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LOBO, JOHN  
-13575 SW 68TH COURT  
PINECREST FL 33156**

4. FEI Number      Applied For

**46-0468505**       Not Applicable

7. Name and Address of New Registered Agent

Name      **LOBO, JOHN**

Street Address (P.O. Box Number is Not Acceptable)

**12365 SW 64 AVENUE**

City      State      Zip Code

**PINECREST**      **FL**      **33156**

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      *John Lobo*      **JOHN LOBO**      **4/20/03**

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, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LOBO, JOHN 12365 SW 64 AVENUE PINECREST, FL 33156</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LOBO, JOHN 12365 SW 64 AVENUE PINECREST, FL 33156</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:      *John Lobo*      **JOHN LOBO**      **4/20/03**      **305-740-6863**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)