


**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**

4. FEI Number      Applied For

**46-0468505**       Not Applicable

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



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

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

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

**10. ADDITIONS/CHANGES**

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

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)