


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90346 037 ****50.00

DOCUMENT # L02000007140	
1. Entity Name ATLANTIC OCCIDENTAL PROPERTIES, LLC	

Principal Place of Business 7901 SW 36TH STREET, SUITE 100 ATTN: MARTIN B. SMITH JR. DAVIE, FL 33328	Mailing Address 7901 SW 36TH STREET, SUITE 100 ATTN: MARTIN B. SMITH JR. DAVIE, FL 33328
---	---

44051004



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01262004 Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3642117	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SMITH, MARTIN B JR. 7901 SW 36TH STREET, SUITE 100 DAVIE, FL 33328		Name <u>Bodil Cervone</u> Street Address (P.O. Box Number is Not Acceptable) <u>7901 SW 36th Street</u> City <u>DAVIE</u> FL Zip Code <u>33328</u>	

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 <u>Martin B. Smith</u>	DATE <u>3/25/04</u>

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, MARTIN B JR 7901 SW 36TH STREET, SUITE 100 DAVIE, FL 33328 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Smith Martin</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition <u>Delete</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLOOD, VALENTINE J 3233 NE 3 AVE OAKLAND PARK, FL 33334 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRUCE, GAVIN P.O. BOX 850477 RICHARDSON, TX 75085 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CENOE, BODIL CERVONE 7901 SW 36TH STREET SUITE 100 DAVIE, FL 33328 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Cervone, Bodil</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Bodil Cervone

3/25

Date

954-478-3251

Daytime Phone #