2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000011746

1. Entity Name
ATID INVESTMENTS, LLC

Principal Place of Business	Mailing Address
21370 SWEETWATER LANE BOCA RATON, FL 33428	21370 SWEETWATER LANE BOCA RATON, FL 33428

2. Principal Place of Business	3. Mailing Address
840 East Oakland Pk. Blvd.	840 E. Oakland PK Blvd,
Suite, Apt. #, etc.: Ste. 110	Suite, Apt. #, etc.: Ste. 110
City & State: Ft. Lauderdale, FL	City & State: Ft. Lauderdale, FL
Zip: 33334 Country: US	Zip: 33334 Country: US

X CHECK HERE IF MAKING CHANGES

4. FEI Number: 73-1641388 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHN, ALAN B
2021 TYLER ST.
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 ______________________________
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

300017545373
04/30/03--01026--006 **50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREAT ALAN, LLC 21370 Sweetwater Lane Boca Raton, FL 33428 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition ~~04/30/03--01026--006 **50.00~~
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S.P. Oakland, INC. 2800 Post Oak Blvd., 61ST FLOOR HOUSTON, TX 77056 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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: ELI ZAMIR, MANAGING MEMBER 4/24/2003 561-488-8767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #