


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90149 050 ****50.00

DOCUMENT # L02000011900	
1. Entity Name ATLAS HOLDINGS, LLC	

Principal Place of Business 7700 N. KENDALL DR., SUITE 405 MIAMI, FL 33156	Mailing Address 7700 N. KENDALL DR., SUITE 405 MIAMI, FL 33156
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2. Principal Place of Business 8660 W. FLAGLER ST Suite, Apt. #, etc. #200 City & State MIAMI FL Zip 33144	3. Mailing Address 8660 W. FLAGLER ST Suite, Apt. #, etc. #200 City & State MIAMI FL Zip 33144 Country USA
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01092006 Chg-LLC	CR2E083 (11/05)
4. FEI Number 35-2168272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANTIAGO J. PADILLA, P.A. 1001 BRICKELL BAY DR., SUITE 1704 MIAMI, FL 33131
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when restate) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEITMAN, LORN 7700 N. KENDALL DR., SUITE 405 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8660 W. FLAGLER ST, #200 MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARNI, GUSTAVO 7700 N. KENDALL DR., SUITE 405 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8660 W. FLAGLER ST, #200 MIAMI FL 33144 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 exemptions contained in Chapter 119, 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: Lorn Leitman 1/23/06 305.222.5176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #