2004 LIMITED LIABILITY COMPANY ANNUAL REPORT FILED Jan 09, 2004 08:00 AM DOCUMENT # L02000013794 1. Entity Name **Secretary of State** ATLANTIC RETAIL, LLC Principal Place of Business Mailing Address 7806 CHARNEY LANE 7806 CHARNEY LANE BOCA RATON, FL 33496 BOCA RATON, FL 33496 01062004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 51-0427791 \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SUSI, SAMUEL DO NOT WRITE 7806 CHARNEY LANE BOCA RATON, FL 33496 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when relostating) Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS MGRM TITLE NAME SUSI, SAMUEL 7806 CHARNEY LANE STREET ADDRESS

9.

CITY-ST-ZIP BOCA RATON, FL 33496 UTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

U00000001685 01/12/04-80018-029 55.00

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF

1/6/2004

(561) 483-2030

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #