


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 041 ****50.00

DOCUMENT # L02000018476	
1. Entity Name ATLAS COMMUNITY SERVICES, LLC	

Principal Place of Business ONE SCENIC CENTRAL STE 100 LAKE WALES, FL 33853	Mailing Address ONE SCENIC CENTRAL STE 100 LAKE WALES, FL 33853
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24041360



2. Principal Place of Business 318 S. Scenic Hwy Ste 103	3. Mailing Address PO Box 471 Suite, Apt. #, etc.
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01072004 Chg-LLC CR2E083 (10/03)

City & State LAKE WALES FL	City & State LAKE WALES FL
Zip 33853	Zip 33859
Country USA	Country USA

4. FEI Number 03-0477232	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent O'STEEN, LEWIS D ONE SCENIC CENTRAL STE 100 LAKE WALES, FL 33853	
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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

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 <i>Lewis O'Steen</i>	DATE <i>4/08/2004</i>

Filing Fee is \$50.00 Due by May 1, 2004	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 O'STEEN, LEWIS D ONE SCENIC CENTRAL STE 100 LAKE WALES, FL 33853 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1950 TRINITY CIR HAWES CITY FL 33844</i> <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
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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

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: <i>Lewis O'Steen</i>	DATE <i>4/08/2004</i> 863-221-7237