2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE
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FILED Jan 24, 2005 08:00 AM Secretary of State

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1. Entity Nam	···—·· · · · · · · · · · · · · · · · ·				
ATLAS V	ENTURES AND INVESTA	MENTS, L.L.C.			
			- Chin		
Principal Plac	e of Business	Mailing Address			
2272 MAIN :	STREET	2272 MAIN STREET			
SARASOTA, I	FL 34237	SARASOTA, FL 34237			
					
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				03-0449670	Not Applical
				5. Certificate of Status Desired	□ \$5.00 Additional
 .	6. Name and Address of Curre	nt Beginformd Agent			Fee Required
	6. Name and Address of Cure	in negistered Agent	- -		
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	NSTREET	-		DO NOT W	MIIE
SARASOT	A, FL 34237			IN THIS SP	ACE
				IN THIS SE	ACE
9 The above	named ontity submits this statement	for the purpose of changing its regis	tored office or register	ed agent or both in the State of Flo	rida. Lam familiar with and acco
	tions of registered agent.	To the purpose of changing its regis	ieled onice or register	ed agent, or both, in the State of Flor	nua, Tamiamila Wills, and acce
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F	iling Fee is \$50.00				
D	iling Fee is \$50.00 ue by May 1, 2005				
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9.		BERS/MANAGERS			••
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NAME STREET ADDRESS	BARRERA, WILSON 2272 MAIN STREET			10000	1191030
CITY ST-ZIP	SARASOTA, FL 34237		4	กา /2ั4/กรี-	0191030 -80159-001 50.00
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SIGNATURE:

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

Cate

Daytime Phone is

^{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.