

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90321 018 ***138.75

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DOCUMENT # L02000023447 1. Entity Name ATLANTIC-SAILFISH, L.L.C.					
Principal Place of Business 166 N. HIGHWAY A1A PONTE VEDRA BEACH, FL 32004			Mailing Address 166 N. HIGHWAY A1A PONTE VEDRA BEACH, FL 32004		
2. Principal Place of Business - No P.O. Box # 410 3rd St. S.		3. Mailing Address 410 3rd St. S.			
Suite, Apt. #, etc. Suite #1		Suite, Apt. #, etc. Suite #1			
City & State Jacksonville Beach, FL		City & State Jacksonville Beach, FL			
Zip 32250	Country USA	Zip 32250	Country USA	4. FEI Number 20-0001808	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DICKINSON, ALAN E 166 N. HWY A1A STE 100 B PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Alan E Dickinson Street Address (P.O. Box Number is Not Acceptable) 416 S. 3rd St. Suite Suite 1 City Jacksonville Beach FL Zip Code 32250		
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 <u><i>Alan Dickinson</i></u> DATE <u>04/17/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DICKINSON, ALAN E 166 N. HIGHWAY A1A PONTE VEDRA BEACH, FL 32004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Alan E. Dickinson 416 S. 3rd St. #1 Jacksonville Beach, FL 32250	<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
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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 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: <u><i>Alan Dickinson</i></u> Alan Dickinson DATE <u>04/17/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					