

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90585 027 \*\*\*\*50.00

DOCUMENT # L02000032635

1. Entity Name

ATLANTIS PROPERTIES LLC



**DO NOT WRITE IN THIS SPACE**

30067172

2. Principal Place of Business

3911 NE 22nd Avenue

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 21692

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

4. FEI Number

54-2099223

Applied For

Not Applicable

Zip 33308

Country USA

Zip 33335

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Michael F. Rizzo

Street Address (P.O. Box Number is Not Acceptable)  
3911 NE 22nd Avenue

City Ft. Lauderdale

FL

Zip Code 33308

**DO NOT WRITE  
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

Michael F. Rizzo (President)

3/28/03  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE President  
NAME Michael R. Rizzo  
STREET ADDRESS 3911 NE 22nd Avenue  
CITY - ST - ZIP Ft. Lauderdale, FL 33308

TITLE VICE PRESIDENT  
NAME ELY BENAIM  
STREET ADDRESS 3911 NE 22nd Avenue  
CITY - ST - ZIP Ft. Lauderdale, FL 33308

TITLE SECRETARY  
NAME VIVIAN BENAIM  
STREET ADDRESS 9801 Collins Avenue Apt 8X  
CITY - ST - ZIP Bal Harbour, FL 33154

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**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:

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

Michael F. Rizzo

3/28/03

Date

(954) 358-2051

Daytime Phone #

CR2E083B (12/02)