## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Mar 22, 2006 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # L02000033018** 03-22-2006 90288 007 \*\*\*\*50.00 ATLANTIS BUILDING GROUP, L.L.C. Mailing Address Principal Place of Business 2020 OLD DIXIE HIGHWAY, SE, STE, 7 2020 OLD DIXIE HIGHWAY, SE, STE, 7 20018744 VERO BEACH, FL 32962 VERO BEACH, FL 32962 2. Principal Place of Business 2020 Old Dixie Hwy SE 2020 Old Dixic Hwu Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-LLC CR2E083 (11/05) SUITE Applied For 4. FEI Number City & State Beach 54-2085864 Not Applicable \$5.00 Additional Zip Indian 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 2020 Old Dixie Hwy SE 2020 OLD DIXIE HWY SE SUITE 7 VERO BEACH, FL 32962 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 reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MBRM **MGRM** TITLE Change Addition TITLE ☐ Delete Smith, Stephen 2020 Old Dixie Hwy Suite 4 NAME SMITH, STEPHEN NAME 2020 OLD DIXIE HWY SUITE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP VUO Beach, FL 32962 MGRM ☐ Delete TITLE Change Addition LACHNITT, CARL NAME STREET ADDRESS 2020 OLD DIXIE HWY SUITE 6 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 empoyered to execute this report as required by Chapter 608, Florida Statutes.

Managing Member

SIGNATURE

FILED