


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000004152 1. Entity Name ATLANTIC MORTGAGE ASSOCIATES, LLC	
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Principal Place of Business 110 EAST ATLANTIC AVENUE SUITE 430 DELRAY BEACH, FL 33444	Mailing Address 110 EAST ATLANTIC AVENUE SUITE 430 DELRAY BEACH, FL 33444
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DO NOT WRITE IN THIS SPACE



06292005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 04-3739845	Applied For 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

ATLANTIC MORTGAGE ASSOCIATES
110 E ATLANTIC AVE
SUITE 430
DELRAY BEACH, FL 33444

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERVILLE, MICHAEL 110 EAST ATLANTIC AVENUE, SUITE 430 DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOMERVILLE, NICHOLAS 110 E ATLANTIC AVE SUITE 430 DELRAY BEACH, FL 33444
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07/05/05-80014-005 50.00

**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, OR AUTHORIZED REPRESENTATIVE

6/29/2005 (561) 266-5880
Date Daytime Phone #