

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000017446</b> 1. Entity Name ATLAS ONE FINANCIAL ADVISORS, LLC	
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Principal Place of Business 200 SOUTH BISCAYNE BLVD., STE. 2600 MIAMI, FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD., STE. 2600 MIAMI, FL 33131
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02012005No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

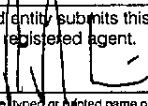
4. FEI Number 02-0698700	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WEISS, PAUL D  
 200 SOUTH BISCAYNE BLVD., STE. 2600  
 MIAMI, FL 33131

**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  (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U00000210652  
 02/05/05-80057-021 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ATLAS WEALTH HOLDINGS CORPORATION 200 SOUTH BISCAYNE BLVD., SUITE 2600 MIAMI, FL 33131
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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)(f), 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:  **Jaige Kalb** February 1, 2005 (305) 960-9991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #