

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/28/

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-28-2004 90063 046 ****50.00

DOCUMENT # L03000019277
 1. Entity Name
ATLANTIC SENIOR ADVISORS, LLC

Principal Place of Business
**C/O MR. RICHARD T. SALTER
 400 NEPTUNE ROAD
 JUNO BEACH, FL 33408**

Mailing Address
**C/O MR. RICHARD T. SALTER
 400 NEPTUNE ROAD
 JUNO BEACH, FL 33408**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

**SALTER, RICHARD T
 400 NEPTUNE ROAD
 JUNO BEACH, FL 33408**

02172004 Chg-LLC CR2E083 (10/03)

4. FEI Number
55-0868809

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R.T. SALTER FINANCIAL SERVICES, INC 400 NEPTUNE ROAD JUNO BEACH, FL 33408	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOSLOW & ASSOCIATES, INC. 400 NEPTUNE ROAD JUNO BEACH, FL 33408	<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 exemption stated in Section 119.07(3)(d), 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: *Richard T. Salter* **RICHARD T. SALTER** 4/24/04 (501)624-0177

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