

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000019277

FILED
Apr 04, 2006
Secretary of State

Entity Name: ATLANTIC SENIOR ADVISORS, LLC

Current Principal Place of Business:

C/O MR. RICHARD T. SALTER
8000 SOUTH U.S. HWY. 1, STE. 300A
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

C/O MR. RICHARD T. SALTER
8000 SOUTH U.S. HWY. 1, STE. 300A
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 55-0868809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALTER, RICHARD T
8000 SOUTH U.S. HWY. 1
STE. 300A
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: R.T. SALTER FINANCIA, L SERVICES, IN C
Address: 8000 U.S. HWY. 1, STE. 300A
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM () Delete
Name: KOSLOW & ASSOCIATES,, INC.
Address: 8000 SOUTH U.S. HWY. 1, STE. 300A
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 PRES 04/04/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date