


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90186 005 \*\*\*\*50.00

<b>DOCUMENT # L03000020465</b> 1. Entity Name <b>ATLANTIC HOSPITALITY OF FLORIDA, LLC</b>					
Principal Place of Business <b>2261 E. IRLO BRONSON HIGHWAY KISSIMMEE, FL 34744</b>			Mailing Address <b>ATTN: SAM MCGEE 50 PORTLAND PIER, SUITE 400 PORTLAND, ME 04101</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>COHN, RONALD B ESQ. 1110 NORTH FLORIDA AVENUE TAMPA, FL 33602</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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	
			<b>MGRM Atlantic National Trust LLC c/o 50 Portland Pier, Suite 400 Portland, ME 04101</b>		
			<b>MGR Theodore V. West 2901 S. Bayshore Dr., 10D Yacht Harbor Coconut Grove, FL 33133</b>		
			<b>MGR Susan K. LaBrie 50 Portland Pier; Suite 400 Portland, ME 04101</b>		
			<b>MGR Samuel S. McGee 50 Portland Pier, Suite 400 Portland, ME 04101</b>		
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.					
<b>SIGNATURE:</b> <u>Susan K. LaBrie</u> <u>Susan K. LaBrie</u> <u>4-16-04</u> <u>800-347-1080</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

