

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025870. 1. Entity Name ATLANTIC INVESTMENTS, LLC	
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1st MOORE CR2E083 (10/05)

Principal Place of Business 2030 SOUTH THIRD STREET 164 JACKSONVILLE BCH. FL 32250	Mailing Address 2030 SOUTH THIRD STREET 164 JACKSONVILLE BCH. FL 32250
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

4. FEI Number 54-0505857	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAX CO. 50 NORTH LAURA ST, STE 3300 JACKSONVILLE FL 32202	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> MGR CURRAN, MICHAEL J MGR 50 NORTH LAURA ST JACKSONVILLE FL 32202 </td> <td style="width: 20%; text-align: right;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGR CURRAN, MICHAEL J MGR 50 NORTH LAURA ST JACKSONVILLE FL 32202	<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Michael J Curran* Date: 4/26/06 Daytime Phone #: 904 9106431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE