## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE

## Aug 30, 2004 8:00 am Secretary of State DOCUMENT # L03000027745 08-30-2004 90139 012 \*\*\*\*50.00 ATLAS INVESTORS GROUP, L.L.C. Mailing Address Principal Place of Business 6384 GRAND CYPRESS CIRCLE 6384 GRAND CYPRESS CIRCLE Sugar Burger LAKE WORTH, FL 33463 LAKE WORTH, FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 08182004 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 200446726 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent REGISTERED AGENTS LEGAL SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1333 NORTH DUVAL STREET TALLAHASSEE, FL 32302 City 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 MICHAEL W. ASHLEY ON Behalf of Light Seener, The SIGNATURE . (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 8, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. PHESIDEMT PRESIDENT TITLE 4m GRMU TITLE LARRY MUSSMAN " MERM" Change Addition ☐ Delete LARRY MUSSMAN NAME NAME 6384 GRAND GIPMES GRALL LAKE WONTH I FL 33463 6384 STAND COPPLES CINCIL STREET ADDRESS STREET ADDRESS MAKE WONTH, FL 38463 CITY-ST-ZIP CITY-ST-ZIP VICE PARSIDERT " MERMIC DICE PAUSIDENT Masser " Delete **71**Addition TITLE TITLE CATHERINE MUSS MAN CATHERINE MUSSMAN NAME NAME 6384 GARRO SPELLES CINCIL 6384 GABUD GPRESSCIR STREET ADDRESS STREET ADDRESS LAKEWANTH, FL 37467 LAKE WORTH, FL 33463 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

LARRY MUSSMAN 21 AUG 2004

NTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone