

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032588

FILED
Feb 02, 2005
Secretary of State

Entity Name: ATLANTIC FORMS & EQUIPMENT, L.L.C.

Current Principal Place of Business:

15321 SOUTH DIXIE HIGHWAY, SUITE 310
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

15321 SOUTH DIXIE HIGHWAY, SUITE 310
MIAMI, FL 33157

New Mailing Address:

FEI Number: 33-1076482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOWRY, VICTOR
15321 SOUTH DIXIE HIGHWAY, SUITE 310
MIAMI, FL 33157 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/MEMBERS:

Title: MGRM () Delete
Name: LOWRY, VICTOR
Address: 15321 SOUTH DIXIE HIGHWAY, SUITE 310
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: FORSYTHE, RONNIE
Address: 7820 S.W. 158TH TERRACE
City-St-Zip: MIAMI, FL 33157

Title: MGRM () Delete
Name: BOLDERSTONE, L.L.C.,
Address: 7641 S.W. 55TH AVENUE, SUITE A
City-St-Zip: MIAMI, FL 33143

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: RONNIE FORSYTHE

MGRM

02/02/2005

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