

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000032588

FILED
Feb 13, 2006
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:

18001 OLD CUTLER ROAD
SUITE 570
MIAMI, FL 33157

Current Mailing Address:

15321 SOUTH DIXIE HIGHWAY, SUITE 310
MIAMI, FL 33157

New Mailing Address:

PO BOX 570067
MIAMI, FL 33257

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:

LOWRY, VICTOR
13220 SW 83RD AVE
MIAMI, FL 33156 US

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: VICTOR LOWRY

02/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOWRY, VICTOR
Address: 13220 SW 83RD AVE
City-St-Zip: MIAMI, FL 33158

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: RONNIE FORSYTHE

MR

02/13/2006

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