

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035193

Entity Name: ATLANTIC PAVILION, LLC

FILED  
Jan 10, 2005  
Secretary of State

## Current Principal Place of Business:

16056 BRISTOL ISLE WAY  
DELRAY BEACH, FL 33446

## New Principal Place of Business:

16723 MIRA VISTA LANE  
DELRAY BEACH, FL 33446

## Current Mailing Address:

16056 BRISTOL ISLE WAY  
DELRAY BEACH, FL 33446

## New Mailing Address:

16723 MIRA VISTA LANE  
DELRAY BEACH, FL 33446

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MERLIS, NEIL  
16273 MIRAVISTA LANE  
DELRAY BEACH, FL 33446 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: MERLIS, NEIL  
Address: 16056 BRISTOL ISLE WAY  
City-St-Zip: DELRAY BEACH, FL 33446

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MERLIS, NEIL  
Address: 16723 MIRA VISTA LANE  
City-St-Zip: DELRAY BEACH, FL 33446

Title: MGRM ( ) Change (X) Addition  
Name: CORMIER, MICHAEL  
Address: 99 SE MIZNER BLVD #929  
City-St-Zip: BOCA RATON, FL 33432

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: MICHAEL CORMIER

MGRM

01/10/2005

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