

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 11, 2006 8:00 am
Secretary of State**

03-03-2006 90006 047 ****50.00

DOCUMENT # L03000040918

1. Entity Name

2760 N. ATLANTIC BLVD. ASSOCIATES, LLC



Principal Place of Business

215 N. BIRCH RD. #4-A
FORT LAUDERDALE, FL 33304

Mailing Address

215 N. BIRCH RD. #4-A
FORT LAUDERDALE, FL 33304

00004736



02132006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-0345217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, DAVID G ESQ
1401 E. BROWARD BLVD., #200
FORT LAUDERDALE, FL 33301

**DO NOT WRITE
IN THIS SPACE**

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

2-15-06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MATZEL, BRUCE
STREET ADDRESS	215 N. BIRCH RD. #4-A
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

4-5-06