

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90058 049 \*\*\*\*50.00

DOCUMENT # L03000048129

1. Entity Name  
ATLANTIC DEVELOPMENT LLC



Principal Place of Business  
13938B EGRET TOWER DR.  
ORLANDO, FL 32837

Mailing Address  
13938B EGRET TOWER DR.  
ORLANDO, FL 32837

2. Principal Place of Business  
950 Celebration Blvd.

Suite, Apt. #, etc.

Suite A

City & State  
Celebration, FL

Zip  
34747

Country

3. Mailing Address  
950 Celebration Blvd.

Suite, Apt. #, etc.

Suite A

City & State  
Celebration, FL

Zip  
34747

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
20-1133927

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.  
SUITE E, 773 4TH AVE. NORTH  
NAPLES, FL 34102

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE D ☒ Delete  
NAME LEGGETT, MICHAEL  
STREET ADDRESS 950 CELEBRATION BLVD  
CITY-ST-ZIP CELEBRATION, FL 34747

TITLE D ☒ Delete  
NAME MURDOCH, RICHARD  
STREET ADDRESS 13938 B EGRET TOWER DR  
CITY-ST-ZIP ORLANDO, FL 32837

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition  
NAME Tracey Thorpe  
STREET ADDRESS 950 Celebration Blvd., Suite A  
CITY-ST-ZIP Celebration, FL 34747

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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.

SIGNATURE: T. T. Thorpe, Tracey Thorpe 4/13/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #