


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90028 017 \*\*\*\*50.00

**DOCUMENT # L03000049066**

1. Entity Name  
**ATLANTIC MILWAUKEE, LLC**



Principal Place of Business : 18851 NE 29TH AVE  
 STE 901  
 AVENTURA, FL 33180

Mailing Address : 18851 NE 29TH AVE  
 STE 901  
 AVENTURA, FL 33180

**20037234**



2. Principal Place of Business : Suite, Apt. #, etc. : City & State : Zip : Country

3. Mailing Address : Suite, Apt. #, etc. : City & State : Zip : Country

02132006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**REGISTERED AGENTS OF FLORIDA, LLC**  
 100 SE 2ND ST, STE 2900  
 MIAMI, FL 33131

4. FEI Number : **68-0575276** Applied For :  Not Applicable

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

7. Name and Address of New Registered Agent

Name: **Robin J. Wilner Esq.**  
 Street Address (P.O. Box Number is Not Acceptable): **c/o Roth, Russo, Kartsman & Schneider LLC**  
 18751 NE 29 Avenue, Ste 900  
 City: **Aventura** FL Zip Code: **33180**

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: **Robin J. Wilner** DATE: **3/7/06**

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

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR APARTMENTS AND LAND MANAGEMENT, LLC 18851 NE 29TH AVE #901 AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Robin J. Wilner** DATE: **4/26/06** DAYTIME PHONE #: **305-931-4959**