


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90117 025 ****50.00

DOCUMENT # L03000055357					
1. Entity Name ATL VENTURES LLC					
Principal Place of Business 2901 SOUTH BAYSHORE DR UNIT 15B COCONUT GROVE, FL 33133			Mailing Address 50 PORTLAND PIER SUITE 400 PORTLAND, ME 04101		
2. Principal Place of Business - No P.O. Box # c/o Capital Servicing, Inc.			3. Mailing Address		
Suite, Apt. #, etc. 5217 McKinney Ave, Ste 208			Suite, Apt. #, etc.		
City & State Dallas, TX			City & State		
Zip 75205		Country USA		Zip 75205	
Country USA		Zip 75205		Country USA	
4. FEI Number 01-0511300				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEST, THEODORE V 2901 S. BAYSHORE DR., UNIT 15B COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	c/o Capital Servicing, Inc. 5217 McKinney Ave, Ste 208 Dallas, TX 75205	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LABRIE, SUSAN K 50 PORTLAND PIER, SUITE 400 PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLPITTS, TODD W 50 PORTLAND PIER, SUITE 400 PORTLAND, ME 04101	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Karen Nevers</u> Authorized Representative <u>4/26/07</u> <u>(207) 828-1080</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					