2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055367

Entity Name: ATLANTIC MICRO LLC

ATLANTIC MICRO MANAG, EMENT CORP.

50 PORTLAND PIER, STE 400

PORTLAND, ME 04101

Name:

Address:

City-St-Zip:

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 PORTLAND PIER 2901 SOUTH BAYSHORE PORTLAND, ME 04101 UNIT 15B COCONUT GROVE, FL 33133 **Current Mailing Address:** New Mailing Address: 50 PORTLAND PIER 50 PORTLAND PIER PORTLAND, ME 04101 SUITE 400 PORTLAND, ME 04101 FEI Number: 10-0007043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete ATLANTIC MICRO MANAG, EMENT CORP. Name: Name: 50 PORTLAND PIER, STE 400 Address: Address: City-St-Zip: PORTLAND, ME 04101 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition WEST, THEODORE V Name: Name: Address: 2901 S. BAYSHORE DR., 10D Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: MGR () Delete Title: () Change () Addition WEST, THEODORE V Name: Name: Address: 2901 S. BAYSHORE DR., 10D Address: City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: Title: MGR () Delete Title: () Change () Addition LABRIE, SUSAN K Name: Name: 50 PORTLAND PIER, STE 400 Address: Address: City-St-Zip: PORTLAND, ME 04101 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

COLPITTS, TODD W

PORTLAND, ME 04101

50 PORTLAND PIER, STE 400

SIGNATURE: TODD W. COLPITTS MGR 04/28/2005