2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055367

Entity Name: ATLANTIC MICRO LLC

City-St-Zip:

PORTLAND, ME 04101

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2901 SOUTH BAYSHORE UNIT 15B COCONUT GROVE, FL 33133 **New Mailing Address: Current Mailing Address:** 50 PORTLAND PIER 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: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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/MANAGERS: 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: MGRM (X) Change () Addition WEST, THEODORE V Name: WEST, THEODORE V Name: Address: 2901 S. BAYSHORE DR., 10D Address: 2901 S. BAYSHORE DR., # 15B City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: MGR () Delete Title: MGR (X) Change () Addition WEST, THEODORE V WEST, THEODORE V Name: Name: Address: 2901 S. BAYSHORE DR., 10D Address: 2901 S. BAYSHORE DR., # 15B City-St-Zip: COCONUT GROVE, FL 33133 City-St-Zip: COCONUT GROVE, FL 33133 Title: MGR () Delete Title: () Change () Addition Name: LABRIE, SUSAN K Name: 50 PORTLAND PIER, STE 400 Address: Address: City-St-Zip: PORTLAND, ME 04101 City-St-Zip: Title: MGR () Delete Title: () Change () Addition COLPITTS, TODD W Name: Name: 50 PORTLAND PIER, STE 400 Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: TODD W. COLPITTS MGR 04/28/2006