

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055369

FILED
Apr 28, 2005
Secretary of State

Entity Name: ATLANTIC NATIONAL TRUST LLC

Current Principal Place of Business:

50 PORTLAND PIER
PORTLAND, ME 04101

New Principal Place of Business:

2901 SOUTH BAYSHORE
UNIT 15B
COCONUT GROVE, FL 33133

Current Mailing Address:

50 PORTLAND PIER
PORTLAND, ME 04101

New Mailing Address:

FEI Number: 01-0504575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: WEST, THEODORE V
Address: 2901 S. BAYSHORE DR., 10D YACHT HARBOR
City-St-Zip: COCONUT GROVE, FL 33133

Title: MGR () Delete
Name: LABRIE, SUSAN K
Address: 50 PORTLAND PIER, SUITE 400
City-St-Zip: PORTLAND, ME 04101

Title: MGR () Delete
Name: COLPITTS, TODD W
Address: 50 PORTLAND PIER, SUITE 400
City-St-Zip: PORTLAND, ME 04101

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TODD W. COLPITTS

MGR

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date