

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-08-2007 90117 024 ****50.00

DOCUMENT # L03000055369	
1. Entity Name ATLANTIC NATIONAL TRUST LLC	

Principal Place of Business 2901 SOUTH BAYSHORE UNIT 15B COCONUT GROVE, FL 33133	Mailing Address 50 PORTLAND PIER SUITE 400 PORTLAND, ME 04101
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60049953

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



04272007 Chg-LLC CR2E083 (12/06)

4. FEI Number 01-0504575	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$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 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEST, THEODORE V 2901 S. BAYSHORE DR., # 15B COCONUT GROVE, FL 33133 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	c/o Capital Servicing, Inc. 5217 McKinney Ave, Ste 208 Dallas, TX 75205 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LABRIE, SUSAN K 50 PORTLAND PIER, SUITE 400 PORTLAND, ME 04101 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COLPITTS, TODD W 50 PORTLAND PIER, SUITE 400 PORTLAND, ME 04101 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: Karen Nevers **Authorized Representative** 4/26/07 (207) 828-1080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #