2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005
Secretary of State

DOCUMENT# L04000007411

Entity Name: ATLANTIC PALMS, LLC

Current Principal Place of Business:

4210 COUNTY LINE RD SOUTH
LAKELAND, FL 33811

New Principal Place of Business:

50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE, FL 32202

Current Mailing Address:

4210 COUNTY LINE RD SOUTH
LAKELAND, FL 33811

New Mailing Address:

50 NORTH LAURA STREET
SUITE 3900
JACKSONVILLE, FL 32202

FEI Number: 59-3781387 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE, STE 3000
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131 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: _____ 04/18/2005
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: PORTER, TROY D MGR
Address: 5157 ARBOR GLEN CIRCLE
City-St-Zip: LAKE WORTH, FL 33463

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: TROY D. PORTER, MGR MGR 04/18/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date