

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015576

FILED
Apr 30, 2007
Secretary of State

Entity Name: ATLANTIC CONSTRUCTION ILLUSTRATORS, LLC

Current Principal Place of Business:

1800 OLD OKEECHOBEE RD.
SUITE 101
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

1800 OLD OKEECHOBEE RD.
SUITE 101
WEST PALM BEACH, FL 33409 US

New Mailing Address:

FEI Number: 20-0790890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUCAS, LORI S
2092 SUNDERLAND AVE.
WELLINGTON, FL 33414 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/MANAGERS:

Title: MGRM () Delete
Name: LUCAS, JAMES P
Address: 2092 SUNDERLAND AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: HOTZ, TIMOTHY A
Address: 12774 LONGFORD ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGRM () Delete
Name: BENSON, JUSTIN TYLER
Address: 5520 55TH WAY
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HOTZ, TIMOTHY A
Address: 1821 WAGNER RD.
City-St-Zip: BUTLER, OH 44822

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

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: JIM LUCAS

MGRM

04/30/2007

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