


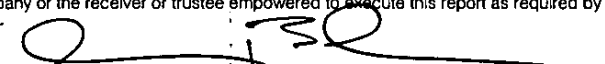


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90012 009 \*\*\*\*50.00

DOCUMENT # L04000017988									
1. Entity Name ATC PARTNERS, LLC									
Principal Place of Business 6700-1 DANIELS PKWY FORT MYERS, FL 33912			Mailing Address 6700-1 DANIELS PKWY FORT MYERS, FL 33912						
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.							
City & State		City & State							
Zip	Country	Zip	Country	4. FEI Number	Applied For				
				20-1195320	Not Applicable				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
GREEN, BRUCE D. 1520 ROYAL PALM SQUARE BLVD, STE 320 FORT MYERS, FL 33919			Name Chris Bundschu						
			Street Address (P.O. Box Number is Not Acceptable)			6700-1 Daniels Parkway			
			City Fort Myers		FL	Zip Code 33912			
			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.			DATE 4.11.05			
SIGNATURE 			SIGNATURE 						
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)						
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State						
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES						
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				Managing Member	Chris Bundschu	6700-1 Daniels Parkway	Fort Myers, FL 33912	<input type="checkbox"/>	<input checked="" type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
								<input type="checkbox"/>	<input type="checkbox"/>
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			Date 4.11.05			Daytime Phone # 239-693-1000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date			Daytime Phone #			