

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000020722

Entity Name: ATRIUM 1101 LLC

FILED  
Mar 17, 2009  
Secretary of State

## Current Principal Place of Business:

822 MERIDIAN LN  
HOLLYWOOD, FL 33019

## New Principal Place of Business:

18101 COLLINS AVE  
UNIT 3402  
SUNNY ISLES BEACH, FL 33160

## Current Mailing Address:

822 MERIDIAN LN  
HOLLYWOOD, FL 33019

## New Mailing Address:

18101 COLLINS AVE  
UNIT 3402  
SUNNY ISLES BEACH, FL 33160

FEI Number: 20-4323064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEOPOLD, KORN & LEOPOLD  
20801 BISCAYNE BLVD. SUITE 501  
AVENTURA, FL 33180 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: MGR ( ) Delete  
Name: SHIRO, DAVID  
Address: 822 MERIDIAN LN  
City-St-Zip: HOLLYWOOD, FL 33019

Title: MGR ( ) Delete  
Name: SHIRO, ELI  
Address: 822 MERIDIAN LN  
City-St-Zip: HOLLYWOOD, FL 33019

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: SHIRO, DAVID  
Address: 18101 COLLINS AVE, UNIT 3402  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: DAVID SHIRO

MGR

03/17/2009

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