

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90020 014 *****55.00

20023787



02282005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000021556 1. Entity Name ATM ENTERPRISES LLC					
Principal Place of Business 1024 OSOWAW BLVD SPRING HILL, FL 34607 US			Mailing Address 1024 OSOWAW BLVD SPRING HILL, FL 34607 US		
2. Principal Place of Business 5135 LARCH LN		3. Mailing Address 5135 LARCH LN			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State New Port Richey FL		City & State New Port Richey		4. FEI Number 16-1695498	
Zip 34655		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HODGES, PAUL S 50 S BELCHER RD SUITE 115 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PICKENS, JOHN T 1024 OSOWAW BLVD SPRING HILL, FL 34607		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Michael A Reynolds 2928 Wainwright Ct New Port Richey FL 34655	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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:			3/24/05 352 666 8163		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		