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Apr 20, 2005 8:00 am
Secretary of State

04-04-2005 90419 046 ****50.00
03-10-2005 90035 014 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022010

1. Entity Name
ATLANTIC TRUSS GROUP, L.L.C.

Principal Place of Business	Mailing Address
850 N.W. 61 STREET FORT LAUDERDALE, FL 33310	850 N.W. 61 STREET FORT LAUDERDALE, FL 33310

30003984

02152005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2700 W CYPRESS CREEK RD	2700 W CYPRESS CREEK RD
Suite, Apt. #, etc. D-122	Suite, Apt. #, etc. D-122
City & State FT. LAUDERDALE, FL	City & State FT LAUDERDALE, FL
Zip 33309 Country USA	Zip 33309 Country USA

4. FEI Number 71-0964119 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
ASMUS, STEWART A
135 N.W. 61 STREET
CORAL SPRINGS, FL 33071

7. Name and Address of New Registered Agent
Name
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 ______
Signature, typed or printed name of registered agent and title if applicable. (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 ASMUS, STEWART 850 N.W. 61 STREET FORT LAUDERDALE, FL 33310	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 2700 W CYPRESS CREEK RD D-122 FT LAUDERDALE, FL 33309
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] STEWART A. ASMUS MGR 4-4-05 954-491-3310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #