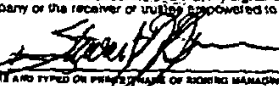


FILED
Apr 20, 2005 8:00 am
Secretary of State

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 850 N.W. 61 STREET FORT LAUDERDALE, FL 33310		Mailing Address 850 N.W. 61 STREET FORT LAUDERDALE, FL 33310	
2. Principal Place of Business 2700 W CYPRESS CREEK RD Suite, Apt. #, etc. D-122		3. Mailing Address 2700 W CYPRESS CREEK RD Suite, Apt. #, etc. D-122	
City & State FT. LAUDERDALE, FL		City & State FT. LAUDERDALE, FL	
Zip 33309		Zip 33309	
Country USA		Country USA	
4. Name and Address of Current Registered Agent ASMUS, STEWART A 135 N.W. 61 STREET CORAL SPRINGS, FL 33071		5. FEI Number 71-0964119	
6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		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 date if applicable. (NOTE: Registered Agent signature required when transferring) DATE			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ASMUS, STEWART 850 N.W. 61 STREET FORT LAUDERDALE, FL 33310 ☐ Delete	10. ADDITIONS/CHANGES ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
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)(b), 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 606, Florida Statutes.			
SIGNATURE: 		STEWART A. ASMUS MGR Date 5-4-05 951/491-3310	