

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000030907**

1. Entity Name  
**ATINA FARM OF FELLOWSHIP, LLC**

Principal Place of Business  
**3007 LEMON STREET  
 TAMPA FL 33609**

Mailing Address  
**3007 LEMON STREET  
 TAMPA FL 33609**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country Zip Country

4. FEI Number **51-0510198** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
**WILLIAMS, JUANITA  
 3007 LEMON STREET  
 TAMPA FL 33609**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, JUANITA			NAME			
STREET ADDRESS	3007 LEMON STREET			STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, WILBERT			NAME			
STREET ADDRESS	3007 LEMON STREET			STREET ADDRESS			
CITY - ST - ZIP	TAMPA FL 33609			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	BARNES, MARYA F			NAME			
STREET ADDRESS	1758 CLAYHILL POINTE			STREET ADDRESS			
CITY - ST - ZIP	MARIETTA GA 30064			CITY - ST - ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME	WILLIAMS, CHANDRA D			NAME			
STREET ADDRESS	1094 CREATWOOD PLACE			STREET ADDRESS			
CITY - ST - ZIP	SMYRNA GA 30080			CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

UD0000428871  
 02/21/06-80064-016 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Juanita Williams* 1-20-06 813-876-788