
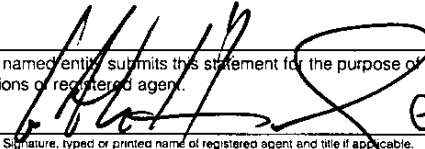



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000031301 1. Entity Name ATS UNIVERSAL, LLC						FILED 06 MAY 15 PM 1:42 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9700 PHILIPS HIGHWAY, STE. 101 JACKSONVILLE, FL 32256				Mailing Address 9700 PHILIPS HIGHWAY, STE. 101 JACKSONVILLE, FL 32256			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent MILAM HOWARD NICANDRI DEES & GILLAM, P.A. 50 NORTH LAURA STREET, STE. 2900 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 208 N. Laura St. #800 City Jacksonville FL Zip Code 32202			
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  G. Alan Howard, President 1/31/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JONES, TIM 9700 PHILIPS HIGHWAY SUITE 101 JACKSONVILLE, FL 32256			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200076201622 06/14/06--01036--003 **250.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO COWLING, KAY 9700 PHILIPS HIGHWAY SUITE 101 JACKSONVILLE, FL 32256			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ANDERSON, DOUG 9700 PHILIPS HIGHWAY SUITE 101 JACKSONVILLE, FL 32256			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 exemptions contained in Chapter 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/13/06
Date

(904) 224-1246
Daytime Phone #