


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90177 003 ****50.00

DOCUMENT # L04000032353	
1. Entity Name ATWOOD PROPERTIES LLC	

Principal Place of Business C/O ORION INVESTMENT & MANAGEMENT LTD. 900 S.W. 152ND STREET, STE. 106 MIAMI, FL 33157	Mailing Address C/O ORION INVESTMENT & MANAGEMENT LTD. 900 S.W. 152ND STREET, STE. 106 MIAMI, FL 33157
---	---

20009474



2. Principal Place of Business 9155 S. DADELAND BLVD Suite, Apt. #, etc. SUITE 1602	3. Mailing Address 9155 S. DADELAND BLVD Suite, Apt. #, etc. SUITE 1602
---	---

01242006 Chg-LLC CR2E083 (11/05)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33156	Country USA
Zip 33156	Country USA

4. FEI Number
20-1078500

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BROWN, B. MACKAY ESQ.
C/O WHITE & BROWN, P.A.
9000 S.W. 185ND STREET, STE. 102
MIAMI, FL 33157

7. Name and Address of New Registered Agent
Name BROWN, B. MACKAY ESQ.
Street Address (P.O. Box Number is Not Acceptable)
9155 S. DADELAND BLVD SUITE 1602
City MIAMI FL Zip Code 33156

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BAGUSAT, MICHAEL 9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD SUITE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANZ, JOSEPH A 9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BUHRMASTER, NORMAN J 9000 S.W. 152ND STREET, SUITE 106 MIAMI, FL 33157 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9155 S. DADELAND BLVD, SUITE 1602 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

2/16/06 305-2785400
Daytime Phone #