

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90080 039 \*\*\*\*50.00

20004786



01032006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-1098539** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # L04000034048**

1. Entity Name  
**ATLANTIC ISLE REALTY LLC**



Principal Place of Business  
**4014 CHASE AVENUE  
211  
MIAMI BEACH, FL 33140**

Mailing Address  
**4014 CHASE AVENUE  
211  
MIAMI BEACH, FL 33140**

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

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

City & State  
**City & State**

Zip Country  
**Zip Country**

6. Name and Address of Current Registered Agent  
**BRONNER, BERNARD  
4014 CHASE AVENUE  
211  
MIAMI BEACH, FL 33140**

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2006**

**DEPARTMENT OF STATE**

**Make check payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SCHEMAMA, PHILIPPE 19111 COLLINS AVENUE SUNNY ISLE, FL 33160</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Schemama Philippe 19111 Collins Avenue Unit #1705 Sunny Isle Beach FL 33160</b> <input checked="" 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
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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]* **1/20/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #