

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90182 028 ****50.00

DOCUMENT # L04000038353

1. Entity Name
ATLANTIC I 2702, L.L.C.



Principal Place of Business
21205 YACHT CLUB DRIVE #2806
AVENTURA, FL 33180

Mailing Address
21205 YACHT CLUB DRIVE #2806
AVENTURA, FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1207351

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSEMAN, DAVID
21205 YACHT CLUB DRIVE #2806
AVENTURA, FL 33180

7. Name and Address of New Registered Agent

Name **DAVID ROSMAN**

Street Address (P.O. Box Number is Not Acceptable)

21205 Yacht Club Dr. # 2806

City **Aventura**

FL

Zip Code **33180**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME ROSMAN, DAVID
STREET ADDRESS 21205 YACHT CLUB DRIVE #2806
CITY-ST-ZIP AVENTURA, FL 33179

TITLE MGRM ☐ Delete
NAME ROSMAN, CESAR RUBEN
STREET ADDRESS 21205 YACHT CLUB DRIVE #2806
CITY-ST-ZIP AVENTURA, FL 33179

TITLE MGRM ☐ Delete
NAME GARAY, LAUTARO
STREET ADDRESS 21205 YACHT CLUB DRIVE #2806
CITY-ST-ZIP AVENTURA, FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

February 11 2005

Date

Daytime Phone #