## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SHING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L0400040581

1. Entity Name
Atara Enterprises, LLC



## FILED Aug 11, 2005 8:00 am Secretary of State

04-20-2005 90034 035 \*\*\*\*50.00

Date

Daytime Phone #

DO NOT WRITE IN THIS SPACE		30010612
2. Principal Place of Business  225 Keuth S+  Suite, Apt. #, etc.  3. Mailing Address  Porton  Suite, Apt. #, etc.	(20233	DO NOT WRITE IN THIS SPACE
City & State  Callahassee Tall  Zip Country  32310 USA 32316	ahassee H Country USA	4. FEI Nomber - 1648305 Applied For Not Applicable  5. Certificate of Status Desired Status Desired Fee Required
DO-NOT-WRITE IN THIS SPACE  8. The above named entity submits this statement for the purpose of change the obligations of registered agent.	Street Address (  2225 City  Ta	7. Name and Address of Current Registered Agent  Le Konne de Service S
SIGNATURE  Signature. Special printed name preprinted name pre		
9. MANAGING MEMBERS/MANAGERS  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE	
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11. I hereby certify that the information supplied with this filing does not que indicated on this report is true and accurate and that my signature shall limited liability company or the receiver or trustee empowered to execute the company of the receiver or trustee empowered to execute the company or the receiver or trustee.	Il have the same legal effect as if n	made under oath; that I am a managing member or manager of the