## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L04000046088**

1. Entity Namo

1420 N. ATLANTIC, LLC

FILED
Jul 14, 2006 08:00 AN
Secretary of State

Principal Place of Business

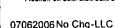
Mailing Address

5039 CONNECTICUT AVENUE #3 WASHINGTON, DC 20008 **5039 CONNECTICUT AVENUE** 

#3

DO NOT WRITE IN THIS SPACE

WASHINGTON, DC 20008



CR2E083 (11/05)

4. FEI Number 59-3798811

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

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|         | •   |  |  |            |
|---------|---|--|--|------------|
|         | bove named entity submits this statement for the purpose of cha-<br>bligations of registered agent. | nging its registered office or registered agent, or both, in t | he State of Florida. I am familiar with, a | ind accept |
| 0.01.17 | Ugr   |  |  | ,,         |
| SIGNATI | Signature, typed or printed name of registered agent and little if applicable                       | (NOTE: Registered Agent signature required when reinstating)   | DATE                                       |            |
| D       | Filing Fee is \$50.00<br>ue by September 6, 2006  |  |  |            |
| 9.      | MANAGING MEMBERS/MANAGERS   |  |  |            |
| TITLE   | MCDM  |  |  |            |

TITLE MGRM

NAME SCHULZE, CHARLES H

STREET ADDRESS
CITY-ST-ZIP

TILLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MANAGING MEMBERS/MANAGERS

SCHULZE, CHARLES H

STREET ADDRESS
CITY-ST-ZIP

000000570148 07/14/06-80001-010 50.00

NAME
STREET ADDRESS
CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

CITY-SI-ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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: X CH Achil 744

1/10/06

202-364-1111

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

Date

Daytime Phone #