

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000048324

FILED
May 23, 2008
Secretary of State

Entity Name: ATLANTIC CAPITAL ADVISORY SERVICES, LLC

Current Principal Place of Business:

19504 SATURNIA LAKES DRIVE
BOCA RATON, FL 33498 US

New Principal Place of Business:

399 CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432 US

Current Mailing Address:

19504 SATURNIA LAKES DRIVE
BOCA RATON, FL 33498 US

New Mailing Address:

399 CAMINO GARDENS BLVD
SUITE 303
BOCA RATON, FL 33432 US

FEI Number: 86-1120623 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ELIAS, TRACY L
19504 SATURNIA LAKES DRIVE
BOCA RATON, FL 33498 US

Name and Address of New Registered Agent:

ELIAS, TRACY L
399 CAMINO GARDENS BLVD
BOCA RATON, FL 33432 US

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.

SIGNATURE:

05/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ELIAS, TRACY L
Address: 19504 SATURNIA LAKES DRIVE
City-St-Zip: BOCA RATON, FL 33498 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ELIAS, TRACY L
Address: 399 CAMINO GARDENS BLVD
City-St-Zip: BOCA RATON, FL 33432 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TRACY ELIAS

MGRM

05/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date