


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000050797			
1. Entity Name ATT INVESTMENTS, LLC			
Principal Place of Business 17800 NORTH BAY ROAD, #704 SUNNY ISLES, FL 33160		Mailing Address 17800 NORTH BAY ROAD, #704 SUNNY ISLES, FL 33160	
2. Principal Place of Business 19101 Mystic Pointe Dr Suite, Apt. # 2511 S# 2511		3. Mailing Address 19101 Mystic Pointe Dr Suite, Apt. # 2511 S-2511	
City & State Aventura, FL		City & State Aventura, FL	
Zip 33180		Country US	
4. FEI Number 134282809		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TEPLITSKY, ARKADY 17800 NORTH BAY ROAD, #704 SUNNY ISLES, FL 33160		7. Name and Address of New Registered Agent Name: <u>Teplitsky Arkady</u> Street Address (P.O. Box Number is Not Acceptable): <u>19101 Mystic Pointe Dr #2511</u> City: <u>Aventura</u> FL Zip Code: <u>33180</u>	
8. The above named entity adopts 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: <u>Arkady Teplitsky</u>		DATE	
Filing Fee is \$80.00 Due by September 7, 2005		State check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM TEPLITSKY, ARKADY 17800 NORTH BAY ROAD, #704 SUNNY ISLES, FL 33160 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input 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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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 partner or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.			
SIGNATURE: <u>Arkady Teplitsky</u>		Date: <u>8/3/05</u>	
SIGNATURE AND TYPE OR PRINTED NAME OF MEMBER, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

Aventura, FL 33180



07222006 Chg-LLC CR2E063 (10/03)