

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065307

FILED
May 01, 2005
Secretary of State

Entity Name: ATLANTIC FINANCIAL, L.L.C.

Current Principal Place of Business:

1006 N. WOODLAND AVENUE
DELAND, FL 32720

New Principal Place of Business:

Current Mailing Address:

1006 N. WOODLAND AVENUE
DELAND, FL 32720

New Mailing Address:

FEI Number: FEI Number Applied For (X) 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:

Name and Address of New Registered Agent:

TEAL, PARKE
1006 N. WOODLAND AVENUE
DELAND, FL 32720 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ALDERMAN, DALE
Address: 1006 N. WOODLAND AVENUE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: TEAL, PARKE
Address: 1006 N. WOODLAND AVENUE
City-St-Zip: DELAND, FL 32720

Title: MGRM () Delete
Name: RIGSBY, ANN
Address: 1006 N. WOODLAND AVENUE
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PARKE S TEAL

MGRM

05/01/2005

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