2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000067387

Entity Name: ATLAST PARTNERS, L.L.C.

FILED Mar 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

333 JACKSONVILLE DRIVE 822 NORTH HIGHWAY A1A JACKSONVILLE BEACH, FL 32250 BUILDING C, SUITE 207

PONTE VEDRA BEACH, FL 32082

Current Mailing Address: New Mailing Address:

333 JACKSONVILLE DRIVE 822 NORTH HIGHWAY A1A JACKSONVILLE BEACH, FL 32250 BUILDING C, SUITE 207

PONTE VEDRA BEACH, FL 32082

FEI Number: 20-1612744 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WALKER, JAMES V ESQ
228 PONTE VEDRA PARK DRIVE, SUITE 200
PONTE VEDRA BEACH, FL 32082
BUILDING C, SUITE 207

PONTE VEDRA BEACH, FL 32082 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: CHRISTOPHER D. DELARME 03/01/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: DELARMC, CHRISTOPHER D Name: DELARME, CHRISTOPHER D

Address: 333 JACKSONVILLE DRIVE Address: 822 NORTH HIGHWAY A1A, BLDG. C, STE. 207

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: SKALLA, JOHN M Name: SKALLA, JOHN M

Address: 333 JACKSONVILLE DRIVE Address: 560 GREEN BAY ROAD, SUITE 405

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: WINNETKA, IL 60093

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: COMPANARO, RICHARD W Name: COMPANARO, RICHARD W

Address: 333 JACKSONVILLE DRIVE Address: 822 NORTH HIGHWAY A1A, BLDG. C, STE. 207

City-St-Zip: JACKSONVILLE BEACH, FL 32250 City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CHRISTOPHER D. DELARME MR. 03/01/2005