


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 JUN 15 AM 11:05

DOCUMENT # L04000082088	
1. Entity Name ATLAS PROPERTY II, LLC	

Principal Place of Business 7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126	Mailing Address 7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126
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2. Principal Place of Business 355 Alhambra Circle Suite, Apt. #, etc. Suite 900 City & State Coral Gables, FL Zip 33134 Country USA	3. Mailing Address 355 Alhambra Circle Suite, Apt. #, etc. Suite 900 City & State Coral Gables, FL Zip 33134 Country USA
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05252005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent Name Kollen Cobb Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle Suite 900 City Coral Gables, FL Zip Code 33134


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Armando Coding <input type="checkbox"/> Delete 355 Alhambra Circle, Ste 900 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700056203917 06/15/05--01020--005 **\$5.00
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
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
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
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
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

11. I hereby certify that the information supplied with this filing does not qualify 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 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: 	Date 6-13-05	Daytime Phone # 885 5202844
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