

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082345

Entity Name: ATL 441 W, LLC

FILED
Jan 06, 2005
Secretary of State

Current Principal Place of Business:

140 NE 4TH AVENUE
SUITE A
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

140 NE 4TH AVENUE
SUITE A
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 71-0976074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, GARRETT M
140 NE 4TH AVENUE
SUITE A
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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: BENDER, GARRETT M
Address: 140 NE 4TH AVENUE, SUITE A
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM () Delete
Name: GEVINSON, TERI
Address: 140 NE 4TH AVENUE, SUITE A
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGRM () Delete
Name: KRANS DORF, JEFFREY
Address: 140 NE 4TH AVENUE, SUITE A
City-St-Zip: DELRAY BEACH, FL 33483 US

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: TERI GEVINSON

MGR

01/06/2005

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