


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # L04000092394 1. Entity Name ATL FINANCE, LLC |  |
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|--|--|
| Principal Place of Business 2200 N.W. 84TH AVENUE MIAMI, FL 33122 US | Mailing Address 2200 N.W. 84TH AVENUE MIAMI, FL 33122 US |
|--|--|

DO NOT WRITE IN THIS SPACE



04112007 No Chg-LLC

CR2E083 (11/05)

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|--|-------------------------------|
| 4. FEI Number 20-2040121 | 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

JARVIS & ASSOCIATES, P.A.
1500 SAN REMO
SUITE 145
CORAL GABLES, FL 33146

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM CONESE FAMILY INVESTMENTS, LP P.O. BOX 50401 HENDERSON, NV 89016 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR AERO FINANCE, LLC 1825 PONCE DE LEON BLVD, SUITE 487 CORAL GABLES, FL 33143 |
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05/23/07-80031-004 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #