

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90152 011 ****55.00

DOCUMENT # L05000004705	
1. Entity Name 385 ATLANTIC, LLC	



Principal Place of Business 220 W. GARDEN ST. SUITE 606 PENSACOLA, FL 32502	Mailing Address PO BOX 1026 GULF BREEZE, FL 32562
--	---

2. Principal Place of Business 3696 QUAIL Run Road	3. Mailing Address P.O. BOX 1026
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Gulf Breeze, FL	City & State GULF BREEZE, FL
Zip 32563	Zip 32562
Country U.S.A.	Country U.S.A.



01122006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent KRAMER A. LITVAK, P.A. 220 W. GARDEN ST. SUITE 606 PENSACOLA, FL 32502	
--	--

7. Name and Address of New Registered Agent Name Harry B. Moore Street Address (P.O. Box Number is Not Acceptable) 3696 Quail Run Road City Gulf Breeze FL Zip Code 32563	
---	--

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 Harry B. Moore DATE 01-24-2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, HARRY B PO BOX 1026 GULF BREEZE, FL 32562 <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
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 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: Harry B. Moore HARRY B. MOORE 01/24/2006 850-916-1837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #