2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L05000005184

1. Entity Name
ATRIUM EXECUTIVE PLAZA, L.L.C.

Principal Place of Business
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

Mailing Address
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE

01162007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 83-0419821 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WEAVER, JEFFERSON
5300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE, FL 33308

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HOROWITZ, HY
STREET ADDRESS	5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	HOROWITZ, BRIAN
STREET ADDRESS	5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	RAUCH, MICHAEL
STREET ADDRESS	5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	WEAVER, JEFFERSON H
STREET ADDRESS	5300 NORTH FEDERAL HIGHWAY
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/17/07-80013-018 50.00

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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: _____ 4/4/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #