

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 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



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000082228
04/16/08-80032-016 138.75

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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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

4/3/08

Date

954 771 4000

Daytime Phone #