2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 13, 2006 8:00 am Secretary of State 01-13-2006 90038 009 ****50.00

DOCUMENT # L0500006437 1. Entity Name ATLANTIC LAND TRUST, LLC						01-13-2006	90038 009	*****3(1.00
Principal Place of Business		Mailing Address							
36 WEST 6TH STREET ATLANTIC BEACH, FL 32233		36 WEST 6TH STREET Atlantic Beach, FL 32233				R BBIRL BIIIK GBIII BBIKI BRI	ii walifi aana giiib gii	150 iku 14 5	BBI 411 TBI
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01092006	Chg-LLC CR2E083 (11/05)			
City & State		City & State			4. FEI Numb	er			plied For Applicable
Zip	Country	Zip	Countr	ry	5. Certificate	of Status Desired		00 Addi Required	
	6. Name and Address of Current	Registered Agent	egistered Agent Name		7. Name and Address of New Registered Agent				
	RA, ATILLIO 6TH STREET	Street Add		Street Address (s (P.O. Box Number is Not Acceptable)				
ATLANTIC	BEACH, FL 32233								
	· · · · · · · · · · · · · · · · · · ·		City	FL Zip Code)	
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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
Filing Fee is \$50.00 Due by May 1, 2006							e check paya a Department		i
9.	MANAGING MEMBE		10.			ADDITIONS/			
TITLE NAME	MGR CERQUEIRA, ATILLIO	☐ Delete	TITLE NAME				ں	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	36 WEST 6TH STREET ATLANTIC BEACH, FL 32233			ET ADORESS ST-ZIP					
TITLE	MEM CERQUERIA, YOLANDA P	☐ Delete	TITLE NAME	į.				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	840 ACAPULCO JACKSONVILLE, FL 32216		STREE	ST-ZIP					
TITLE	MEM	☐ Delete	TITLE	1				Change	☐ Addition
NAME STREET ADDRESS	ESSICK, TERRY M 2382 CHARTLEY LANE SOUTH			T ADDRESS					+
CITY-ST-ZIP	JACKSONVILLE, FL 32246	☐ Delete	TITLE	\$1-ZiP				Change	☐ Addition
NAME STREET ADDRESS	,		NAME STREE	ET ADORESS					
CITY-ST-ZIP				\$1-ZIP					
TITLE NAME		☐ Delete	TITLE NAME	:			П	Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			4	ST-ZIP					
TITLE NAME		☐ Delete	TITLE NAME					Change	☐ Addition
STREET ADORESS CITY-ST-ZIP			STREE	ET ADDRESS ST-ZIP					
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 trissee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: X MULL 1 MARCH 19/2006									
SIGNATURE: 191200 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Despring Phone P									