

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013141

Entity Name: GM ATRIUM, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Principal Place of Business:

999 VANDERBILT BEACH ROAD
#610
NAPLES, FL 34108

Current Mailing Address:

12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110

New Mailing Address:

999 VANDERBILT BEACH ROAD
#610
NAPLES, FL 34108

FEI Number: 20-2544575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GATES, TODD E
12810 TAMIAMI TRAIL NORTH
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

JOSEPH, MICHAEL
999 VANDERBILT BEACH ROAD
#610
NAPLES, FL 34108 US

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.

SIGNATURE: MICHAEL JOSEPH

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GATES REALTY HOLDING, COMPANY, LLC
Address: 12810 TAMIAMI TRAIL NORTH
City-St-Zip: NAPLES, FL 34110

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CRAWFORD, RICHARD S
Address: 999 VANDERBILT BEACH ROAD #610
City-St-Zip: NAPLES, FL 34108

Title: MGR () Change (X) Addition
Name: WATCHOWSKI, DALE
Address: ONE TOWNE SQUARE #1600
City-St-Zip: SOUTHFIELD, MI 48076

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DALE WATCHOWSKI

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date