

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018585

FILED
May 01, 2006
Secretary of State

Entity Name: ATAL ENTERPRISES LLC

Current Principal Place of Business:

1605 E ST. CHARLES PLACE
INVERNESS, FL 34453

New Principal Place of Business:

Current Mailing Address:

1605 E ST. CHARLES PLACE
INVERNESS, FL 34453

New Mailing Address:

FEI Number: 20-2423796 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PATEL, HARSHAD
1605 E ST.CHARLES PL
INVERNESS, FL 34453 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PATEL, HARSHAD
Address: 1605 E ST.CHARLES PL
City-St-Zip: INVERNESS, FL 34453

Title: MGRM () Delete
Name: PATEL, MOHINI
Address: 1605 E ST.CHARLES PL
City-St-Zip: INVERNESS, FL 34453

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PATEL, HARSHAD
Address: 1605 E ST.CHARLES PL
City-St-Zip: INVERNESS, FL 34453

Title: MGR (X) Change () Addition
Name: PATEL, MOHINI
Address: 1605 E ST.CHARLES PL
City-St-Zip: INVERNESS, FL 34453

I hereby certify that the information supplied with this filing does not qualify for the 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: HARSHAD PATEL

MGRM

05/01/2006

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