

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90419 022 ****50.00

DOCUMENT # L05000023913

1. Entity Name
ATLANTIC INVESTORS, LLC



Principal Place of Business
2220 FRONT ST.
#201
MELBOURNE, FL 32901

Mailing Address
2220 FRONT ST.
#201
MELBOURNE, FL 32901

20010622



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02142006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2495517

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABLING, MADELIENE
2220 FRONT ST.
#201
MELBOURNE, FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME RAFTER, KATHRYN
STREET ADDRESS 10141 BETTY JANE LANE
CITY-STATE-ZIP DALLAS, TX 75229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGRM ☐ Delete
NAME BEALL, MARY FRANCES
STREET ADDRESS 10141 BETTY JANE LANE
CITY-STATE-ZIP DALLAS, TX 75229

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGRM ☐ Delete
NAME KEITH, VICKY
STREET ADDRESS 2220 FRONT ST. #201
CITY-STATE-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE MGRM ☐ Delete
NAME ABLING, MADELIENE
STREET ADDRESS 2220 FRONT ST. #201
CITY-STATE-ZIP MELBOURNE, FL 32901

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MADELIENE ABLING, MGRM 2/14/06 407421-7819