

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

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**



03282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RAFTER, KATHRYN
10141 BETTY JANE LANE
DALLAS, TX 75229**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEALL, MARY FRANCES
10141 BETTY JANE LANE
DALLAS, TX 75229**

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000686516
04/10/07-80002-023 50.00

**DO NOT WRITE
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:

Mary Frances Beall

MARY FRANCES BEALL, MGRM

3/28/07

972 948 0748

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

Date

Daytime Phone #