


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2008 8:00 am
Secretary of State

03-20-2008 90182 020 ***138.75

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	
2. Principal Place of Business - No P.O. Box # 2117 S. BABCOCK ST		3. Mailing Address 2117 S. BABCOCK ST	
Suite, Apt. #, etc. #150		Suite, Apt. #, etc. #150	
City & State MELBOURNE		City & State MELBOURNE	
Zip 32901	Country	Zip 32901	Country



03142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2495517	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ABLING, MADELIENE 2220 FRONT ST. #201 MELBOURNE, FL 32901		7. Name and Address of New Registered Agent Name ABLING, MADELIENE Street Address (P.O. Box Number is Not Acceptable) 2117 S. BABCOCK ST #150 City MELBOURNE FL Zip Code 32901	
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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 M. Abling c/o Frances Beull DATE 3/17/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAFTER, KATHRYN 10141 BETTY JANE LANE DALLAS, TX 75229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEALL, MARY FRANCES 10141 BETTY JANE LANE DALLAS, TX 75229	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEITH, VICKY 2220 FRONT ST. #201 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEITH, VICKY 2117 S. BABCOCK ST #150 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABLING, MADELIENE 2220 FRONT ST. #201 MELBOURNE, FL 32901	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ABLING, MADELIENE 2117 S. BABCOCK ST #150 MELBOURNE, FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Beull DATE: 3/17/08 DAYTIME PHONE #: 972 948 0748

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #