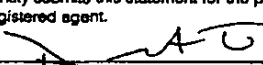


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

05-01-2006 90073 006 ****50.00

DOCUMENT # L05000025052 1. Entity Name ATLANTIC SOUTH BEACH PROPERTIES LLC					
Principal Place of Business 146 GALE AVE RIVER FOREST, IL 60305			Mailing Address 146 GALE AVE RIVER FOREST, IL 60305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 338321047	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TRAGE, DENNIS A 955 25TH ST. VERO BEACH, FL 32960				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 4/27/06	
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAGE, JUDITH A 146 GALE AVE RIVER FOREST, IL 60305	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad			
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.					