## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

## FILED May 05, 2006 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # L05000027171  1. Entity Name ATLANTIC HOME BUYERS, LLC						05-05-2006	90034 0	07 ****5	50.00
Principal Place	e of Business	Mailing Address			7				
3017 COURTLAND BLVD		P.O. BOX 391634							
DELTONA, FL 32738		DELTONA, FL 32739							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03222006	Chg-LLC		33 (11/05)		
City & State		City & State		4. FEI Number	151872	7	<u> </u>	plied For t Applicable	
Zip	Country .	Zip	Country		5. Certificate of	Status Desired		5.00 Add	
	6. Name and Address of Current R	legistered Agent			7. Name and A	ddress of New Ro	egistered A	gent	
ADONIK D	)A)/ID C			Name					
APONIK, DAVID S 3017 COURTLAND BLVD DELTONA, FL 32738				Street Address	Street Address (P.O. Box Number is Not Acceptable)				
DEETONA	,1 1 32730							T =	
				City			FL	Zip Code	9
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)  OATE									
·									
Fi Di	ling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State					
9.	MANAGING MEMBER	IS/MANAGERS	S/MANAGERS 10.			ADDITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITL					Change	Addition
NAME	APONIK, DAVID S	PONIK, DAVID S		E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	DELTONA, FL 32739		-	-ST-ZIP					
TITLE		☐ Delete	TITLE	· I				☐ Change	☐ Addition
NAME CTREET ADDRESS	_		NAM	E ET ADDRESS					i
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP					
	***	- Dolete	TITL					Change	☐ Addition
TITLE NAME		☐ Detete	NAM	i .				☐ Change	M Abortion
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE	-	☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS				et address					
CITY-ST-ZIP			CITY	-ST-ZIP					
TITLE		Delete	TITLE	ž				☐ Change	Addition
NAME STREET ADDRESS			NAM	E Et address					
CiTY-ST-ZIP				-SI-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME		Doite.	NAM	l l				v.ago	
STREET ADORESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY	-ST-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.									