2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000032100

1. Entity Name
TREBOR ATLANTA, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 13 AM 10: 30

Principal Place of Business
NORTHBRIDGE CENTRE
515 NORTH FLAGLER DRIVE, SUITE 808
WEST PALM BEACH, FL 33401

Mailing Address
NORTHBRIDGE CENTRE
515 NORTH FLAGLER DRIVE, SUITE 808
WEST PALM BEACH, FL 33401

03082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, HAROLD L
ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BLVD., SUITE 2400
MIAMI, FL 33131

7. Name and Address of New Registered Agent

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Cuillo, Robert, S. 515 North Flagler Drive Suite 808 West Palm Beach, FL 33401 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	05/22/06 90209 022 $50.00 ☐ Change ☐ Addition
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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], Michael Horlany Treasurer 4-27-06 (561)478-4990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #