

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041595

Entity Name: TIDES ATLANTIC REALTY, LLC

FILED
Jan 24, 2007
Secretary of State

Current Principal Place of Business:

3020 NE 32ND AVENUE
SUITE 110
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 20-2771859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLUTH, THOMAS M
400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BLUTH, THOMAS M
Address: 400 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: ELLIS, JAMES F
Address: 400 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR () Delete
Name: MCRAE, PAUL A
Address: 400 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M. BLUTH

MGR

01/24/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date