

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067511

Entity Name: ATLANTIC II 1402 LLC

FILED  
Apr 28, 2006  
Secretary of State

## Current Principal Place of Business:

2711 EXECUTIVE PARK DR  
1  
WESTON, FL 33331

## New Principal Place of Business:

## Current Mailing Address:

2711 EXECUTIVE PARK DR  
1  
WESTON, FL 33331

## New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALFONSO, VALLEJO  
2711 EXECUTIVE PARK DR  
1  
WESTON, FL 33331 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: VALLEJO, ALFONSO  
Address: 2711 EXECUTIVE PARK DR SUITE 1  
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete  
Name: VALLEJO, MARTHA  
Address: 2711 EXECUTIVE PARK DR SUITE 1  
City-St-Zip: WESTON, FL 33331

Title: MGR ( ) Delete  
Name: VELASQUEZ, CARLOS  
Address: 2711 EXECUTIVE PARK DR SUITE 1  
City-St-Zip: WESTON, FL 33331

## 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: ALFONSO VALLEJO

MGR

04/28/2006

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