


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90019 048 ****50.00

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DOCUMENT # L05000072301					
1. Entity Name ATLANTIC CAPITAL - ST. JOHNS ESTATES LLC					
Principal Place of Business ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401			Mailing Address ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401		
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 16-1735182	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TABERNILLA, ARMANDO A ONE NORTH CLEMATIS STREET SUITE 200 WEST PALM BEACH, FL 33401			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					

**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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fanjul, Jr., Jose F.		NAME		
STREET ADDRESS	One N. Clematis St., Ste 200		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beckerman, Arthur		NAME		
STREET ADDRESS	One N. Clematis St., Ste 200		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blomqvist, Erik J.		NAME		
STREET ADDRESS	One N. Clematis St., Ste 200		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Portuondo, Aurelio J.		NAME		
STREET ADDRESS	One N. Clematis St., Ste 200		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP		
TITLE	V/S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tabernilla, Armando A.		NAME		
STREET ADDRESS	One N. Clematis St., Ste 200		STREET ADDRESS		
CITY-ST-ZIP	West Palm Beach, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET 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.

SIGNATURE 

By: Armando A. Tabernilla, V.P.

Date 4/7/2006 Daytime Phone # 561-655-6303

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

Date

Daytime Phone #