


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90074 043 ****50.00

DOCUMENT # L05000079640 1. Entity Name ATACAMA, LLC			
Principal Place of Business 1001 ARBOR LAKE DRIVE #1608 NAPLES, FL 34110		Mailing Address 1001 ARBOR LAKE DRIVE #1608 NAPLES, FL 34110	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address P.O. Box 358653 Suite, Apt. #, etc.	
City & State Zip		City & State Gainesville, FL Zip 32635	
Country		Country	
4. FEI Number 20-8267559		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 - Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, RAINA 2421 NW 41ST STREET SUITE A-1 GAINESVILLE, FL 32606		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 _____ <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 September 6, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHE, HERBERT J 1001 ARBOR LAKE DRIVE #1608 NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date Aug 18 '06 <small>Daytime Phone #</small>	