2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089375

Entity Name: MIST OF ATLANTIS LLC

Name:

Address:

City-St-Zip:

DAVIS, CARYANN

LAKE WORTH, FL 33463

6840 WEDGEWOOD VILLAGE COURT

FILED Mar 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 6840 WEDGEWOOD VILLAGE COURT LAKE WORTH, FL 33463 **Current Mailing Address: New Mailing Address:** 6840 WEDGEWOOD VILLAGE COURT LAKE WORTH, FL 33463 FEI Number: 56-2530082 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. SCHAEFFER, CONSTANCE A MGR 1840 SW 22ND ST. 1840 SW 22ND ST. 4TH FLOOR 4TH FLOOR MIAMI, FL 33145 US MIAMI, FL 33145 US 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: CONSTANCE A. SCHAEFFER 03/29/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete DAVIS. ANDREW Name: Name: 6840 WEDGEWOOD VILLAGE COURT Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: MGR () Delete Title: () Change () Addition SCHAEFFER, CONSTANCE Name: Name: Address: 6840 WEDGEWOOD VILLAGE COURT Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition WELCH, EILEEN Name: Name: 6840 WEDGEWOOD VILLAGE COURT Address: Address: City-St-Zip: LAKE WORTH, FL 33463 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: CONSTANCE A. SCHAEFFER MGR 03/29/2006