2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (A3)

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

05-05-2006 90032 048 ****50.00

DOCUMENT # L05000100048

1. Entity Name

SCHOTTENSTEIN ATLANTA, LLC

Principal Place of Business	Mailing Address
800 BRICKELL AVE., SUITE 1111 MIAMI FL 33131	800 BRICKELL AVE., SUITE 1111 MIAMI FL 33131

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
800 BRICKELL AVE.	800 BRICKELL AVE.
Suite, Apt. #, etc. 1111	Suite, Apt. #, etc. 1111
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33131 Country USA	Zip 33131 Country USA

4. FEI Number 20-3764175 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHOTTENSTEIN, JEFF
800 BRICKELL AVE., SUITE 1111
MIAMI FL 33131

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SCHOTTENSTEIN, JEFF		NAME		
STREET ADDRESS	800 BRICKELL AVE., SUITE 1111		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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TITLE		☐ Delete	TITLE		☐ Change ☐ 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 Section 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: [signature] 4-24-06 305-371-2824

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JEFF SCHOTTENSTEIN