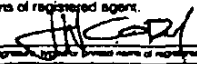


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/ **FILED**
Aug 17, 2006 8:00 am
Secretary of State

07-13-2006 90081 050 *****55.00

DOCUMENT # L05000100496					
1. Entity Name ATLANTIS HOMES AND DESIGN, LLC					
Principal Place of Business 2692 US 1 SOUTH SUITE 103 ST AUGUSTINE, FL 32086			Mailing Address 2692 US 1 SOUTH SUITE 103 ST AUGUSTINE, FL 32086		
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 20-3638459	
				Accepted For Not Applicable	
				5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CODY, JASON 302 ARGUS RD ST AUGUSTINE, FL 32086			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  7/6/06					
Filing Fee is \$50.00 Due by September 8, 2006					
Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
	MANAGER				
	JASON W. CODY				
	302 ARGUS RD				
	ST AUGUSTINE FL 32086				
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete	
10. ADDITIONS/CHANGES					
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change ☐ Addition	
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:  JASON W. CODY 7/6/06 904-540-1333					