

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90362 042 ****50.00

DOCUMENT # L05000111218	
1. Entity Name ATLANTIC CAPITAL HOLDINGS 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

02142007 Chg-LLC CR2E083 (12/06)

4. FEI Number
84-1702267

5. Certificate of Status Desired \$5.00 Additional Fee Required



6. Name and Address of Current Registered Agent

TABERNILLA, ARMANDO A
 ONE NORTH CLEMATIS STREET, SUITE 200
 WEST PALM BEACH, FL 33401


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  DATE

(Signature, Title, and Company name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	FANJUL, JOSE F JR	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BECKERMAN, ARTHUR	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BLOMQVIST, ERIK J	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	V	<input type="checkbox"/> Delete
NAME	PORTUONDO, AURELIO J	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	VS	<input type="checkbox"/> Delete
NAME	TABERNILLA, ARMANDO A	
STREET ADDRESS	ONE NORTH CLEMATIS STREET SUITE 200	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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  Date **By: Armando A. Tabernilla, V.P. 4/17/07** Daytime Phone # **561-655-6303**

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