2006 LIMITED LIABILITY COMPANY

Mar 06, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L05000117498** 02-16-2006 90141 003 ****50 00 1. Entity Name ATLANTIC ASSETS SE LLC Principal Place of Business Mailing Address **4651 SHERIDAN STREET 4651 SHERIDAN STREET** SUITE 303 SUITE 303 HOLLYWOOD, FL 33021 HOLLYWOOD, FL 33021 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072006 Chg-LLC CR2E083 (11/05) City & State City & State Applied For Not Applicable Zip Zip \$5.00 Additional Country Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent . 7. Name and Address of New Registered Agent GHITIS, LEO Street Address (P.O. Box Number is Not Acceptable) 4651 SHERIDAN STREET **SUITE 303** HOLLYWOOD, FL 33021 City 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, typed or printed name of registered agent and tille if applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE . Delete TITLE ☐ Change ☐ Addition GHITIS, LEQ. NAME NAME STREET ADDRESS 4651 SHERIDAN STREET, SUITE 303 STREET ADDRESS HOLLYWOOD, FL '33021 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition HAME. NAME -STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY-ST-ZIP TITLE Defete TITLE ☐ Change Addition | NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition MARKE NAME STREET ADCRESS STREET ADDRESS CITY - 51 - ZIP CITY-ST-ZIP TITLE Delete TITLE

FILED

☐ Change

Addition

11. Thereby 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 timited liability company or the re ed to execute this report as required by Chapter 608, Florida Statutes

NAME

STREET ADDRESS

CITY-ST-ITP

9×4 SIGNATURE: SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

STREET ADDRESS

CITY-ST-ZIP