2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 29, 2008 08:00 AN Secretary of State

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1. Entity Name ATIT LLC



Principal Place of Business

NAPLES, FL 34102-6777

SIGNATURE:

700 ELEVENTH STREET SOUTH, PH-2

Mailing Address

700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
	£5.00

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ABLE ADVISORY, INC. 700 ELEVENTH STREET SOUTH, PH-2 NAPLES, FL 34102-6777

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8. The above the obligat	named entity submits this statement for the purpose of chanions of registered agent.	iging its registered office or registered agent, or both	in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		000000931738
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR AOMAC LIMITED BISON COURT ROAD TOWN, TORTOLA, BVI,		000000931738 US/22/U8+80027-010 138.7
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			
ST LET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE HIS SPACE
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indicated	certify that the information supplied with this filing does not, on this report is true and accurate and that my signature si bility company or the receiver or trustee empowered to exe	hall have the same legal effect as if made under oat	n: that I am a managing member or manager of the