

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066649

FILED
Apr 30, 2007
Secretary of State

Entity Name: ATLT, LLC

Current Principal Place of Business:

528 NORTH LAKEWOOD RUN DRIVE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

528 NORTH LAKEWOOD RUN DRIVE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 41-2212925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, MICHAEL
528 NORTH LAKEWOOD RUN DRIVE
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WARD, LARRY M
Address: 528 NORTH LAKEWOOD RUN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: WARD, TRAVIS M
Address: 528 NORTH LAKEWOOD RUN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM () Delete
Name: SNIPES, ANTHONY T
Address: 516 ST. CLAUDE PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: SNIPES, ANTHONY T
Address: 2220 CR 210 W #108-128
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANTHONY SNIPES

MGRM

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date