2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

Feb 11, 2008 8:00 am Secretary of State DOCUMENT # L06000077788 02-11-2008 90138 048 ***138.75 1. Entity Name LADÝ ATLANTIC, LLC Principal Place of Business Mailing Address 60007305 801 EAST ATLANTIC AVENUE **801 EAST ATLANTIC AVENUE** DELRAY BEACH, FL 33483 DELRAY BEACH, FL 33483 01102008 No Chq-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-5377285 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REARDON, KERRY DO NOT WRITE 801 EAST ATLANTIC AVENUE DELRAY BEACH, FL 33483 IN THIS SPACE 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. | am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR TITLE NAME REARDON, KERRY STREET ADDRESS 801 EAST ATLANTIC AVENUE CITY-ST-ZIP DELRAY BEACH, FL 33483 TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not a fally 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 truster empowered to effect, this report as required by Chapter 608, Florida Statutes.

FILED