2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084517

Entity Name: ATLANTIC INDUSTRIAL FINANCIAL SERVICES, LLC

FILED Apr 23, 2007 Secretary of State

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	I AVE. SUITE 205 ALE, FL 33309	SUITE 205	6600 NW 12TH AVE. SUITE 205 FT. LAUDERDALE, FL 33309	
Current Mailing Address:		New Maili	New Mailing Address:	
6600 NW 12TH AVE. SUITE 205 FT. LAUDERDALE, FL 33309		SUITE 205	6600 NW 12TH AVE. SUITE 205 FT. LAUDERDALE, FL 33309	
FEI Number:	FEI Number Applied For ()	FEI Number Not App	licable (X) Certificate of Status Desired ()	
Name and Add	dress of Current Registered Agent:	Name and	Address of New Registered Agent:	
4221 W. BOY S TAMPA, FL 33	ned entity submits this statement for the p		its registered office or registered agent, or both,	
SIGNATURE: .				
Electronic Signature of Registered Agent		ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DV () Change (X) Addition LEVITSKY, MICHAEL R 6600 NW 12TH AVE., SUITE 205 FORT LAUDERDALE, FL 33309 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DP () Change (X) Addition THOMAS, ALEXANDER F 6600 NW 12TH AVE., SUITE 205 FORT LAUDERDALE, FL 33309 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V () Change (X) Addition TRINGALI, MICHAEL A 6600 NW 12TH AVE., SUITE 205 FORT LAUDERDALE, FL 33309 US	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DC () Change (X) Addition BETTS, NICHOLAS 11 BROWN AVE. DARTMOUTH, NS B3B 1Z7 CA	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	DST () Change (X) Addition LEVERMAN, PHIL 11 BROWN AVE. DARTMOUTH, NS B3B 1Z7 CA	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition RYAN, MICHAEL G 11 BROWN AVE. DARTMOUTH, NS B3B 1Z7 CA	

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL A. TRINGALI V 04/23/2007