2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L06000084517

Entity Name: ATLANTIC INDUSTRIAL FINANCIAL SERVICES, LLC

Current Principal Place of Business:

6600 NW 12TH AVE.
SUITE 205
FT. LAUDERDALE, FL 33309

New Principal Place of Business:

Current Mailing Address:

6600 NW 12TH AVE.
SUITE 205
FT. LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CFRA LLC
CORPORATE CENTER THREE AT INTERNATIONAL PL
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 336075736 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:	DV	(X) Delete
Name:	LEVITSKY, MICHAEL R	
Address:	6600 NW 12TH AVE., SUITE 205	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	
Title:	DP	( ) Delete
Name:	THOMAS, ALEXANDER F	
Address:	6600 NW 12TH AVE., SUITE 205	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	
Title:	V	( ) Delete
Name:	TRINGALI, MICHAEL A	
Address:	6600 NW 12TH AVE., SUITE 205	
City-St-Zip:	FORT LAUDERDALE, FL 33309 US	
Title:	DC	( ) Delete
Name:	BETTS, NICHOLAS	
Address:	11 BROWN AVE.	
City-St-Zip:	DARTMOUTH, NS B3B 1Z7 CA	
Title:	DST	( ) Delete
Name:	LEVERMAN, PHIL	
Address:	11 BROWN AVE.	
City-St-Zip:	DARTMOUTH, NS B3B 1Z7 CA	
Title:	D	( ) Delete
Name:	RYAN, MICHAEL G	
Address:	11 BROWN AVE.	
City-St-Zip:	DARTMOUTH, NS B3B 1Z7 CA	

ADDITIONS/CHANGES:

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

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: MICHAEL A. TRINGALI V 04/30/2008

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