

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124966

FILED  
Feb 20, 2009  
Secretary of State

Entity Name: ATF CAPITAL CONSTRUCTION, LLC

## Current Principal Place of Business:

700 BILTMORE WAY  
PH 1202  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

710 SOUTH DIXIE HWY  
SUITE 100  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

700 BILTMORE WAY  
PH 1202  
CORAL GABLES, FL 33134 US

## New Mailing Address:

710 SOUTH DIXIE HWY  
SUITE 100  
CORAL GABLES, FL 33146 US

FEI Number: 26-1601826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FOURNARIS, ALEXANDER T  
700 BILTMORE WAY  
PH 1202  
CORAL GABLES, FL FL US

## Name and Address of New Registered Agent:

FOURNARIS, ALEXANDER T  
710 SOUTH DIXIE HWY, SUITE 100  
SUITE 100  
CORAL GABLES, FL FL US

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: ALEXANDER T FOURNARIS

02/20/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: FOURNARIS, ALEXANDER T  
Address: 700 BILTMORE WAY  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: FOURNARIS, ALEXANDER T  
Address: 710 SOUTH DIXIE HWY, SUITE 100  
City-St-Zip: CORAL GABLES, FL 33146 US

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: ALEXANDER T FOURNARIS

MGR

02/20/2009

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