## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

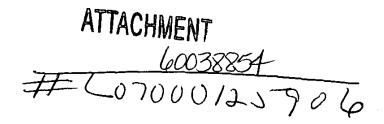
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## **DOCUMENT # L07000125906**



FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90032 047 \*\*\*138.75

ATKINS GROUP REALTY, LLC					
Principal Place of Business % 270 SOUTH COUNTY ROAD PALM BEACH, FL 33480		Mailing Address % 270 SOUTH COUNTY ROAD PALM BEACH, FL 33480		60038854	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04182008 Chg-LLC CR2E083 (12/06)	
City & State		City & State		4. FEI Number Applied For Not Applicate	le
Zip	Country	Zip	Country	5. Certificate of Status Desired   \$5.00 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
DODDA A	BIEL LIDON I		Name		
DORRA, ARIEL J.(DON) J 270 SOUTH COUNTRY ROAD PALM BEACH, FL 33480			Street Addres	s (P.O. Box Number is Not Acceptable)	
			City	FL Zip Code	_
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office or regis	tered agent, or both, in the State of Florida. I am familiar with, and accept	ગ
SIGNATURE .	Signature, typed or printed name of registered agent	and life if applicable (NOTE	: Registered Agent signature requ	red when reinstating) DATE	
	: NOW!!! FEE IS \$138.75 , 1, 2008 Fee will be \$538.75	5		Make check payable to Florida Department of State	<b>F</b>
9.	MANAGING MEMBE	RS/MANAGERS	10.	ADDITIONS/CHANGES	$\equiv$
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ATKINS, MARTY % 270 SOUTH COUNTY ROAD PALM BEACH, FL 33480	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	nc
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change ☐ Additi	on
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	an
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	on
TITLE NAME		Delete	TITLE NAME	☐ Change ☐ Additi	on
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS . CITY-ST-ZIP		
		☐ Detete		☐ Change ☐ Addiri	on



Anne M. Gannon, Tax Collector

RENEW ONLINE - RENEW BY PHONE - RENEW BY MAIL
P.O. Box 3828, West Palm Beach, FL 33402-3828 www.pbcgov.com/tax tel: 561-355-2622

Dear Palm Beach County Registrant:

Express Renewal is available by mail, by telephone or online. If you select to renew by mail, please follow the instructions printed below. To renew online or by telephone please follow the instructions on the other side of this notice.

Two year renewal is now available.

The registration listed below expires in approximately 45 days. If you wait until the week before the expiration date you may not have enough time to use express renewal. If you select to visit an office, you will be served quickly. Avoid waiting in line, save time and fuel costs by using one of the express renewal options.

If you no longer own the vehicle described below, please disregard this notice.

.....

The registration for this vehicle expires 05/19/08. Your PIN # to renew by telephone is 02069567995

IMPORTANT - 5-digit Insurance Company Number - All insurance companies licensed to provide insurance in Florida are required to issue identification cards containing their 5-digit company code. This code consists of 5 numbers beginning with zero and must be included in your insurance affidavit below. If your insurance card does not include the 5-digit number, please contact your insurance company to request a new card.

**INSTRUCTIONS:** Complete the insurance affidavit in full and make any address changes on the reverse side of the notice. Use the enclosed envelope to return the completed renewal request and your payment for the amount shown:

Please do not staple, paper clip or tape your check to the renewal request.

\*\*\*\* DETACH AND RETURN BOTTOM PORTION \*\*\*\*