


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90045 015 ****50.00

DOCUMENT # L98000000098

1. Entity Name
ATLANTIC ZEDEK, L.C.



Principal Place of Business
**18851 NE 29TH AVENUE
 SUITE 901
 AVENTURA, FL 33180**

Mailing Address
**18851 NE 29TH AVENUE
 SUITE 901
 AVENTURA, FL 33180**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02132006 Chg-LLC CR2E083 (11/05)

City & State

4. FEI Number
59-2396270

Applied For
 Not Applicable

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

**REGISTERED AGENTS OF FLORIDA LLC
 100 SE SECOND ST
 SUITE 2900
 MIAMI, FL 33131**

Name **Robin J. Willner, Esq.**

Street Address (P.O. Box Number is Not Acceptable)
c/o Nath. Passo, Katsman & Schneider LLP

18851 NE 29th Avenue, Ste 900

City **Aventura** FL Zip Code **33180**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Robin J. Willner** DATE **3/7/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Delete
 NAME **MGR**
 STREET ADDRESS **APARTMENTS AND LAND MANAGEMENT, LLC**
 CITY-ST-ZIP **18851 NE 29TH AVENUE, SUITE 901
 AVENTURA, FL 33180**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Gabriella Hale** **GABRIELLA HALE** **4/25/06** **305-931-4959**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #