


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90028 013 \*\*\*\*50.00

|  |                                     |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
|--|-------------------------------------|---|---|---|---------------------------------|------|-------------------------------------|--|----------------|------------------------------|--|-------------|--------------------|--|---|--|--|-------|--|---|------|--|--|----------------|--|--|-------------|--|--|
| <b>DOCUMENT # L98000000699</b><br>1. Entity Name<br><b>ATLANTIC STAR APARTMENTS, L.C.</b>  |                                     |   |   |    |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Principal Place of Business<br><b>18851 NE 29TH AVE. SUITE 901<br/>AVENTURA, FL 33180</b>  |                                     |   | Mailing Address<br><b>18851 NE 29TH AVE. SUITE 901<br/>AVENTURA, FL 33180</b> |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| City & State   |                                     | City & State  |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| Zip  | Country                             | Zip   | Country   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent  |                                     |   |   | 7. Name and Address of New Registered Agent   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>REGISTERED AGENTS OF FLORIDA LLC</b><br><b>100 SE SECOND ST</b><br><b>SUITE 2900</b><br><b>MIAMI, FL 33131</b>  |                                     |   |   | Name <b>Robin T. Wilner, Esq.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>18851 NE 29th Avenue, Ste 900</b><br>City <b>Aventura</b> <b>FL</b> Zip Code <b>33180</b> |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 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.<br>SIGNATURE <u><i>Robin T. Wilner</i></u> <b>3/7/06</b> DATE  |                                     |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2006</b>  |                                     |   | <b>Make check payable to</b><br><b>Florida Department of State</b>            |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| 9. MANAGING MEMBERS/MANAGERS<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGR</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>APARTMENTS AND LAND MANAGEMENT, LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>18851 NE 29TH AVE. SUITE 901</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>AVENTURA, FL 33180</td> <td></td> </tr> </table> |                                     |   | TITLE   | MGR   | <input type="checkbox"/> Delete | NAME | APARTMENTS AND LAND MANAGEMENT, LLC |  | STREET ADDRESS | 18851 NE 29TH AVE. SUITE 901 |  | CITY-ST-ZIP | AVENTURA, FL 33180 |  | 10. ADDITIONS/CHANGES<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |  |  | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  |
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| NAME   | APARTMENTS AND LAND MANAGEMENT, LLC |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| STREET ADDRESS   | 18851 NE 29TH AVE. SUITE 901        |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  | AVENTURA, FL 33180                  |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| TITLE  |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                                     |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
| CITY-ST-ZIP  |                                     |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| STREET ADDRESS   |                                     |   |   |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |
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| 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: <u><i>Robin T. Wilner</i></u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   |                                     |   | Date <b>4/25/06</b> Daytime Phone # <b>305-931-4959</b>                       |   |                                 |      |                                     |  |                |                              |  |             |                    |  |   |  |  |       |  |   |      |  |  |                |  |  |             |  |  |