


2<sup>nd</sup> and File on or before Sept. 29, 1999 or Limited Liability Company  
**FINAL NOTICE:** will be dissolved.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED** *W 7/30*  
99 JUL 29 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILING FEE \$ 588.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L98000003422**

CHAMBERS ATLANTIC PROPERTIES, L.C.  
5300 WEST ATLANTIC AVE., SUITE 400  
DELRAY FL

1a. Principal Place of Business Address

5300 WEST ATLANTIC AVE., SUI  
DELRAY FL

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12/28/1998

FL

City & State

City & State

4. FEI Number

65-0916149

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

WEINER, MICHAEL S ESQUIRE  
102 N. SWINTON AVE.  
DELRAY BEACH FL 33444

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when re-registering)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CHAMBERS, SUSAN	5300 W. ATLANTIC AVE., SUI	DELRAY BEACH FL
			400002949184--8 -08/03/99--01066--013 ****588.75 ****588.75

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

*Susan Chambers*

7/22/99

801-495-0222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #