2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L99000002055

1. Entity Name SPA ATLANTIS MANAGEMENT, LLC



Principal Place of Business

1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062 Mailing Address

1350 N. OCEAN BLVD. POMPANO BEACH, FL 33062

FILED Feb 02, 2004 8:00 am Secretary of State

02-02-2004 90210 007 ****55.00



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O1252004 No Chg-LLC

4. FEI Number Applied For 65-0912583 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

- CR2E083 (10/03)~

6. Name and Address of Current Registered Agent

WEISMAN, DAVID ESQ. 2021 TYLER ST HOLLYWOOD, FL 33020 DO NOT WRITE IN THIS SPACE

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.
CII	GNATURE
JII	ONATONE.

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	MINKIN, JOSHUA	
STREET ADDRESS	4405 WOODFIELD BLVD.	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE	MGR	
NAME	MINKIN, CAROL	
STREET ADDRESS	4405 WOODFIELD BLVD	
CITY-ST-ZIP	BOCA RATON, FL 33434	
TITLE		
NAME		
STREET ADDRESS		
City-St-Zip		
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STREET ADDRESS		
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TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
11. Thereby certify that the information supplied with this filling does not qualify for the ex-		

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPEDOM PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/04

Daytime Phone #