

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90106 019 \*\*\*\*50.00

**DOCUMENT # L99000002123**

1. Entity Name  
**ATLANTIC BUSINESS CENTER L.C.**



Principal Place of Business  
**2100 PARK CENTRAL BOULEVARD NORTH  
STE 900  
POMPANO BEACH, FL 33064**

Mailing Address  
**2100 PARK CENTRAL BOULEVARD NORTH  
STE 900  
POMPANO BEACH, FL 33064**

**20052432**



2. Principal Place of Business  
**2875 N.E. 191<sup>ST</sup> STREET**

3. Mailing Address  
**2875 N.E. 191<sup>ST</sup> STREET**

Suite, Apt. #, etc.  
**PENTHOUSE 1B**

Suite, Apt. #, etc.  
**PENTHOUSE 1B**

04062005 Chg-LLC CR2E083 (10/03)

City & State  
**AVENTURA, FLORIDA**

City & State  
**AVENTURA, FLORIDA**

4. FEI Number  
**65-0911341**

Applied For  
Not Applicable

Zip 33180 Country USA

Zip 33180 Country USA

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**

**KLEIN, THEODORE J ESQ  
8030 PETERS ROAD  
BUILDING D, SUITE # 104  
PLANTATION, FL 33324**

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

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

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
AZOUT, JACK  
2875 NE 191 STREET, PENTHOUSE 1  
AVENTURA, FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
GILINSKI, SAUL  
2875 NE 191 STREET, PENTHOUSE 1  
AVENTURA, FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SREDNI, ERWIN  
2875 NE 191 STREET, PENTHOUSE 1  
AVENTURA, FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SREDNI, ISAAC  
2875 NE 191 STREET, PENTHOUSE 1  
AVENTURA, FL 33180** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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☐ Change ☐ Addition

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

*Erwin Sredni*

*4/27/05*

*305 935 9980*

Date

Daytime Phone #