

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000002123

1. Entity Name
ATLANTIC BUSINESS CENTER L.C.



Principal Place of Business
2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180

Mailing Address
2875 NE 191ST STREET
PENTHOUSE 1B
AVENTURA, FL 33180

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-0911341

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, THEODORE J ESQ
8030 PETRA RD
STE D104
PLANTATION, FL 33324

**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.

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, 2007

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000683730
04/06/07-80004-005 50.00

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IN THIS SPACE**

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:

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

ERWIN SREDNI

3/14/07

Date

/305945-0405

Daytime Phone #