


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90016 034 ****50.00

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|---|---|---------------------------------------|---|---|--|
| DOCUMENT # L99000002388 1. Entity Name ATLANTIC BLUE SEAS, L.C. | | | |  | |
| Principal Place of Business 18305 BISCAYNE BLVD. STE. 402 AVENTURA FL 33160 | | | Mailing Address 18305 BISCAYNE BLVD STE 402 AVENTURA FL 33160 | | |
| 2. Principal Place of Business 18151 NE 29th Avenue | | 3. Mailing Address SAME | | | |
| Suite, Apt. #, etc. 901 | | Suite, Apt. #, etc. | | | |
| City & State Aventura, FL | | City & State | | 4. FEI Number 65-0925758 | |
| Zip 33140 | | Country U.S. | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE 2ND STREET SUITE 2900 MIAMI FL 33131 | | | 7. Name and Address of New Registered Agent | | |
| | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR HALE, GABRIELLA 18305 BISCAYNE BLVD #402 AVENTURA FL 33160 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Gabriella Hale</i> Gabriella Hale 4/29/04 305 931-4959 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |