


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90028 018 \*\*\*\*50.00

<b>DOCUMENT # L99000002999</b> 1. Entity Name <b>ATLANTIC DELTA VENETIAN, L.C.</b>					
Principal Place of Business <b>18851 NE 29TH AVENUE SUITE 901 AVENTURA, FL 33180</b>			Mailing Address <b>18851 NE 29TH AVENUE SUITE 901 AVENTURA, FL 33180</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0930963</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>REGISTERED AGENTS OF FLORIDA LLC 100 SE SECOND ST SUITE 2900 MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Robin J. Wilner, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>c/o Roth, Rousse, Katsman &amp; Schneider LLP</b> <b>18851 NE 29th Avenue, Ste 900</b> City <b>Aventura</b> FL Zip Code <b>33180</b>		
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 <u><i>Robin J. Wilner</i></u> <b>3/7/06</b> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input type="checkbox"/> Delete <b>APARTMENTS AND LAND MANAGEMENT, LLC 18851 NE 29TH AVENUE, SUITE 901 AVENTURA, FL 33180</b>		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 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: <u><i>Gabeen Hu</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <b>4/26/06</b> Daytime Phone # <b>305-931-4959</b>		