
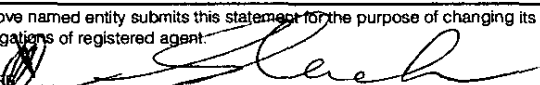
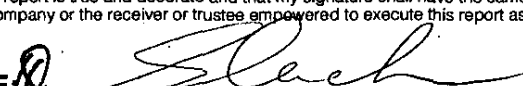


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90054 020 ****50.00

DOCUMENT # L99000003346 1. Entity Name ATLANTIC FINANCIAL GROUP INTERNATIONAL L.L.C.					
Principal Place of Business 2838 NE 187TH STREET AVENTURA, FL 33180 US			Mailing Address 2838 NE 187TH STREET AVENTURA, FL 33180 US		
2. Principal Place of Business 1111 BRICKELL AVE		3. Mailing Address 1111 BRICKELL AVE			
Suite, Apt. #, etc. 1103		Suite, Apt. #, etc. 1103			
City & State MIAMI, FL		City & State MIAMI, FL			
Zip 33131		Country MIAMI DAGE		Zip 33131	
Country MIAMI DAGE		Country MIAMI DAGE			
6. Name and Address of Current Registered Agent CHAN, SLENDAC 2838 NE 187TH STREET AVENTURA, FL 33180			7. Name and Address of New Registered Agent Name CHAN, SLENDAC Street Address (P.O. Box Number is Not Acceptable) 1111 BRICKELL AVE #1103 City MIAMI FL Zip Code 33131		
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  DATE 4-20-2004 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHAN, SLENDAC 2838 NE 187TH STREET AVENTURA, FL 33180		TITLE NAME STREET ADDRESS CITY - ST - ZIP	1111 BRICKELL AVE #1103 MIAMI, FL 33131	
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	
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	
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 			Date 4-20-2004		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Days/Time Phone #</small>		

305-913-2940