

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000003346

**FILED**  
**Jan 11, 2006**  
**Secretary of State**

**Entity Name:** ATLANTIC FINANCIAL GROUP INTERNATIONAL L.L.C.

**Current Principal Place of Business:**

1111 BRICKELL AVE  
1103  
MIAMI, FL 33131 US

**New Principal Place of Business:**

339 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162 US

**Current Mailing Address:**

17555 COLLINS AVENUE  
SUITE 1402  
MIAMI, FL 33160 US

**New Mailing Address:**

339 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162 US

**FEI Number:** 65-0928562

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHAN, SLENDAC  
1111 BRICKELL AVE #1103  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

CHAN, SLENDAC  
339 NE 167TH STREET  
NORTH MIAMI BEACH, FL 33162 US

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.

SIGNATURE: SLENDAC HAN

01/11/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHAN, SLENDAC  
Address: 1111 BRICKELL AVE #1103  
City-St-Zip: MIAMI, FL 33131 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHAN, SLENDAC  
Address: 339 NE 167TH STREET  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SLENDAC HAN

MGRM

01/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date