

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000003618

1. Entity Name
ATLANTIC HOTEL, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:19

Principal Place of Business
C/O JEFFREY FEINBERG, ESQ.
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021

Mailing Address
C/O JEFFREY FEINBERG, ESQ.
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021-6789



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1411 S. FED. HIGHWAY
Suite, Apt. #, etc.

3. Mailing Address
1411 S. FED. HIGHWAY
Suite, Apt. #, etc.

City & State
HOLLYWOOD
FLORIDA

4. FEI Number
N/A
Applied For
Not Applicable

Zip
33020
Country
FLORIDA

Zip
33020
Country
U.S.A

5. Certificate of Status Desired
\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FEINBERG, JEFFREY ESQ.
4000 HOLLYWOOD BLVD., SUITE 350-N
HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent
Name
ARUN SOOD
Street Address (P.O. Box Number is Not Acceptable)
1411 SOUTH FEDERAL HIGHWAY
City
HOLLYWOOD
FL
Zip Code
33020

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

2/23/06

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM ARUN KUMAR SOOD 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LOYAL, ANJALI 4000 HOLLYWOOD BLVD., SUITE 350-N HOLLYWOOD FL 33021	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY- ST- ZIP	0000031491 -02/28/00--01038--004 *****55.00 *****55.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1/25/06
Date

Daytime Phone #

CR2E083 (9/99)