


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90023 041 \*\*\*\*50.00

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| <b>DOCUMENT # M00000000835</b><br>1. Entity Name<br><b>ATLANTIC PARTNERS, LLC</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>6100 DUTCHMANS LANE<br/>6TH FLOOR<br/>LOUISVILLE, KY 40205</b>  |  |   | Mailing Address<br><b>6100 DUTCHMANS LANE<br/>6TH FLOOR<br/>LOUISVILLE, KY 40205</b> |  |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br><br>Suite, Apt. #, etc.  |  |  |
| City & State<br><br>Zip      Country  |  |   | City & State<br><br>Zip      Country   |  |  |
| 4. FEI Number<br><b>58-2540170</b>  |  |   | Applied For<br><input type="checkbox"/> Not Applicable                               |  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   | <b>\$5.00 Additional Fee Required</b>  |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>C T CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>   |  |   |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____  |  |   |  |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |   | <b>Make check payable to<br/>Florida Department of State</b>                         |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <b>MGRM<br/>BLIEDEN, J. MARK<br/>KADEN TOWER, 6100 DUTCHMANS LANE<br/>LOUISVILLE, KY 40205</b> | <input type="checkbox"/> Delete                                   |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |   |  |  |  |
| <b>SIGNATURE:</b> <u>Will N. Wayne</u> <b>MEMBER</b> <u>4-12-2005</u> <u>502-456-1999</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>  |  |   |  |  |  |

**20038010**

