

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90055 003 ****50.00

DOCUMENT # M00000000835

1. Entity Name
ATLANTIC PARTNERS, LLC



Principal Place of Business

6100 DUTCHMANS LANE
6TH FLOOR
LOUISVILLE, KY 40205

Mailing Address

6100 DUTCHMANS LANE
6TH FLOOR
LOUISVILLE, KY 40205

DO NOT WRITE IN THIS SPACE

40058374



04182006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
58-2540170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BLIEDEN, J. MARK
STREET ADDRESS	KADEN TOWER, 6100 DUTCHMANS LANE
CITY- ST- ZIP	LOUISVILLE, KY 40205

TITLE	
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CITY- ST- ZIP	

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #