

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 07, 2007 08:00 AM
Secretary of State

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



07032007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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 September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000773563
09/07/07-80004-009 50.00

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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

9/3/07

Date

Daytime Phone #