

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90111 013 *****50.00

0070851

DOCUMENT # M00000000835

1. Entity Name

ATLANTIC PARTNERS, LLC



Principal Place of Business

**6100 DUTCHMANS LANE, 14TH FLOOR
KADEN TOWER
LOUISVILLE KY 40205**

Mailing Address

**6100 DUTCHMANS LANE, 14TH FLOOR
KADEN TOWER
LOUISVILLE KY 40205**

2. Principal Place of Business

3. Mailing Address

6100 Dutchmans Lane **6100 Dutchmans Lane**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6th Floor

6th Floor

City & State

City & State

Louisville, KY

Louisville, KY

Zip

Country

Zip

Country

40205

40205



☐ CHECK HERE IF MAKING CHANGES

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)