

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92183 020 \*\*\*\*55.00

**DOCUMENT # M01000001578**

1. Entity Name  
**BLUFFS, L.L.C.**



Principal Place of Business  
**11621 KEW GARDENS AVENUE  
SUITE 210  
PALM BEACH GARDENS FL 33410**

Mailing Address  
**11621 KEW GARDENS AVENUE  
SUITE 210  
PALM BEACH GARDENS FL 33410**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1118697**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

Name **Reich, Doug**

Street Address (P.O. Box Number is Not Acceptable)  
**11621 Kew Gardens Avenue**

**Suite 210**

City **Palm Beach Gardens FL** Zip Code **33410**

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

**4-22-03**

**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 **MEM** ☐ Delete  
NAME **ATLAS OFFSHORE INVESTMENT FUND LTD.**  
STREET ADDRESS **CHARLOTTE HOUSE, CHARLOTTE ST., 2ND FLOOR**  
CITY-ST-ZIP **NASSAU, BAHAMAS**

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

TITLE **MEM** ☐ Delete  
NAME **HERITAGE HILL, L.L.C.**  
STREET ADDRESS **1001 NORTH U.S. HIGHWAY ONE, STE. 875**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **MEM** ☒ Change ☐ Addition  
NAME **Heritage Hill, L.L.C.**  
STREET ADDRESS **11621 Kew Gardens Avenue, Ste. 210**  
CITY-ST-ZIP **Palm Beach Gardens, FL 33410**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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**

**4-22-03**

**561-622-8343**

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

Date

Daytime Phone #

CR2E083 (10/02)

0028118