


FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90009 003 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M02000002591					
1. Entity Name ATLAS COLD STORAGE AMERICA LLC					
Principal Place of Business 5255 YONGE STREET, SUITE 900 TORONTO ONTARIO M2N5P8 CANADA, XX			Mailing Address 5255 YONGE STREET, SUITE 900 TORONTO ONTARIO M2N5P8 CANADA, XX		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01092007 Chg-LLC CR2E083 (12/06)	
Zip		Country		4. FEI Number 61-1426193	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR WILLIAMSON, DAVID 5255 YONGE STREET, SUITE 900 TORONTO, ONTARIO, M2N5P8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gislason, Reynir 5255 Yonge Street, # 900 Toronto, Ontario M2N 5P8		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR EWERT, DARRELL 5255 YONGE STREET, SUITE 900 TORONTO, ONTARIO, M2N5P8 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR GLASS, KEVIN 5255 YONGE STREET, SUITE 900 TORONTO, ONTARIO, M2N5P8 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Ames, Aaron 5255 Yonge Street # 900 Toronto		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 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: _____		11 JAN 07			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>			