## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## **FILED** May 03, 2004 8:00 am Secretary of State 05-03-2004 90145 015 \*\*\*\*50.00

1. Entity Nam SPHERIC	MENT # MU2UUUUU3 DN ATLANTIC RESOURCES					<i>.</i> .	*********	6 f	
Principal Plac	e of Business	Mailing Address	<del></del>			₩7	1001-		
2050 SPECTRUM BOULEVARD FORT LAUDERDALE, FL 33309		2050 SPECTRUM BOULEVARD Fort Lauderdale, FL 33309					هوات می اور <sub>د</sub>	1	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202004	Chg-LLC	CR2E08	33 (10/03)	
City & State		City & State			4. FEI Number 37-1436				plied For t Applicable
Zip	Country	Zip	Country			of Status Desired		5.00 Add	itional
-,	6. Name and Address of Current F	Registered Agent	<del></del>		7. Name and	Address of New I			
			Name		<del></del> ,				
CORPORATION SERVICE COMPANY			Street A	ddress (	P.O. Box Number	r is Not Acceptable	le)	<u>-</u> -	
1201 HAYS STREET TALLAHASSEE, FL 32301-2525			-				<u></u>		
l			City				FL	Zip Code	<b>9</b>
	named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered office o	r register	ed agent, or both	n, in the State of Fl	orida. I am f	amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signa	ture required	when reinstating)		DATE		<del></del>
Filing Fee is \$50.00 Due by May 1, 2004		~ <del></del>							
Fi D	iling Fee is \$50.00 ue by May 1, 2004						ke check pa a Departme		
9.	iling Fee is \$50.00 ue by May 1, 2004 MANAGING MEMBER	3S/MANAGERS	10.			Florid			
9.	MANAGING MEMBER	RS/MANAGERS	TITLE			Florid	a Departme		Addition
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9.	MANAGING MEMBER		TITLE			Florid	a Departme	ent of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER CEOP HALLMAN, CINDA 2050 SPECTRUM BLVD		TITLE NAME STREET ADDRESS	PM	GR.	Florid	a Departme	ent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBER CEOP HALLMAN, CINDA 2050 SPECTRUM BLVD FORT LAUDERDALE, FL 33309 MGR KRAUSE, ROY G	<b>√2</b> Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	PM	GR	Florid	a Departme	Change	Addition
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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:

Randal B. Atkinson 4/20/04

(954)308-7600

Daytime Phone #