


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90058 009 \*\*\*\*50.00

<b>DOCUMENT # M03000000295</b>					
<b>1. Entity Name</b> ATLANTIC SERVICE & SUPPLY LLC					
<b>Principal Place of Business</b> C/O WATSCO, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133			<b>Mailing Address</b> C/O WATSCO, INC. 2665 SOUTH BAYSHORE DRIVE, SUITE 901 COCONUT GROVE, FL 33133		
<b>2. Principal Place of Business</b> 6525 BAKER BLVD Suite, Apt. #, etc.		<b>3. Mailing Address</b> Suite, Apt. #, etc.		04252005    Chg-LLC    CR2E083 (10/03)	
<b>City &amp; State</b> FORT WORTH, TX		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0845711	
<b>Zip</b> 76118		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> LOGAN, BARRY S <b>STREET ADDRESS</b> 2665 SOUTH BAYSHORE DRIVE, SUITE 901 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGR <b>NAME</b> MENENDEZ, ANA <b>STREET ADDRESS</b> 2665 SOUTH BAYSHORE DRIVE, SUITE 901 <b>CITY-ST-ZIP</b> COCONUT GROVE, FL 33133	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>ANA M MENENDEZ</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/25/05		Daytime Phone #: 305 714-4100