2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

DOCUMENT # M04000004195

1. Entity Name
ATLAS PARTNERS OF FLORIDA, LLC



FILED Apr 10, 2006 08:00 AM Secretary of State

Principal Place of Business

130 S UNIVERSITY DR

SUITE # A PLANTATION, FL 33324 Mailing Address

130 S UNIVERSITY DR SUITE A

PLANTATION, FL 33324



DO NOT WRITE IN THIS SPACE

04052006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1049901

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MAYER, THOMAS J 130 S UNIVERSITY DR SUITE A PLANTATION, FL 33324

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 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. 1 am familier with, and accept the obligations of registered agent. 			
SIGNATURE Signature, typed or printed name of registered agent and title it applicable	(NOTE: Registered Agent signature required when reinstalking)	DATE	
Filing Fee is \$50.00 Due by May 1, 2006		900000500189 94/25/06-80013-001 50.00	

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAYER, THOMAS 130 S UNIVERSITY DR, SUITE # A PLANTATION, FL 33324
title Name Street address City-St-Zip	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE NAME STREET ADDRESS GITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-
TITLE NAME STREET ADDRESS	

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11. I hereby certify that the information supplied with this tiling 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:

JRE: _________

ME OF SIGNING WANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/4/06

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