2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/1

FILED
Jun 05, 2006 8:00 am
Secretary of State
05-01-2006 90039 039 ****55.00

DOCUMENT # M05000000094

1. Entity Name

ATLANTIC-ST TOWER, LLC

Principal Place of Business	Mailing Address
~~400~~ 100 S. POINTE DRIVE, ~~#2202~~ #3907 MIAMI BEACH FL 33139-~~7361~~	~~400~~ 100 S. POINTE DRIVE, ~~#2202~~ #3907 MIAMI BEACH FL 33139-~~7361~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E083 (10/05)

4. FEI Number 65-0272742 ☐ Applied For ☐ Not Applicable

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: EDWIN C. BLISS, PRES. ATLANTIC-ST TOWER, LLC. Street Address (P.O. Box Number is Not Acceptable): 100 S. POINTE DRIVE #3907 City: MIAMI BEACH, FL. FL Zip Code: 33139

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], PRES. EDWIN C. BLISS, PRES. 23 APR '06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM ATLANTIC VUE TOWERS, INC. 400 S. POINTE DRIVE, #2202 MIAMI BEACH FL 33139-7361 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES.-MGR. M EDWIN C. BLISS ATLANTIC-S.T. TOWER, LLC. 100 S. POINTE DR. #3907 MIAMI BEACH, FL. 33139 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] MGR. M. PRES. EDWIN C. BLISS, PRES. 23 APR '06 305-672-6647
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #