


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000001101 1. Entity Name ATLANTIC HOSPITALITY SUPPLY, L.L.C.	
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Principal Place of Business 256 HEIN DRIVE GARNER, NC 27529	Mailing Address 256 HEIN DRIVE GARNER, NC 27529
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DO NOT WRITE IN THIS SPACE



04112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 56-2251158	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SANKOE, BROOKE C/O ATLANTIC HOSPITALITY SUPPLY 609 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

000000546514
05/11/06-80120-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HINTON, MIKE 256 HEIN DRIVE GARNER, NC 27529
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WEBB, RALPH 256 HEIN DRIVE GARNER, NC 27529
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'BRIEN, PHIL 609 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Mike Hinton **4-26-06 919.771.2444**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #