

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000001101 1. Entry Name ATLANTIC HOSPITALITY SUPPLY, L.L.C.	
---	---

Principal Place of Business 256 HEIN DRIVE GARNER, NC 27529	Mailing Address 256 HEIN DRIVE GARNER, NC 27529
---	---



04022007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

Filing Fee is \$50.00 Due by May 1, 2007

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000711365
 04/26/07-80003-010 50:00

DO NOT WRITE 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: *Phil O'Brien* Date: 4-13-07 Daytime Phone #: 919-771-2444 X105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE