


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90023 001 ****50.00

DOCUMENT # M98000000629

1. Entity Name
ATP HOLDINGS, L.L.C.



Principal Place of Business
C/O YAGER 430 CENTRE ST.
#611
NEWTON MA 02458-2086

Mailing Address
C/O YAGER 430 CENTRE ST.
#611
NEWTON MA 02458-2086

2. Principal Place of Business
10 Longfellow Park

3. Mailing Address
10 Longfellow Park

Suite, Apt. #, etc.

City & State
CAMBRIDGE MA

City & State
CAMBRIDGE MA

Zip
02138

Country
US

4. FEI Number **04-3335599**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

RAHENKAMP, ERIC
2816 S MACDILL AVE
TAMPA FL 33629

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 the registered agent.

SIGNATURE *Eric Rahenkamp* **ERIC RAHENKAMP** DATE *2/2/03*

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	ALLEN, YAGER J	430 CENTRE ST., #611	NEWTON MA 02458-2086	<input type="checkbox"/>
MGRM	YAGER, PAUL R	19 AGASSIZ ST #25	CAMBRIDGE MA 02140-2850	<input type="checkbox"/>
MGRM	YAGER, HENRY M	10 LONG FELLOW PARK	CAMBRIDGE MA 02138-4831	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE: *Henry Yager* **SIGNATURE REQUIRED** *1/13/03 (617) 244-6940*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)