

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042162

Entity Name: AMERICAN CORNERS, LLC

**FILED**  
**Apr 18, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

155 SW 124TH AVENUE  
MIAMI, FL 33184

**New Principal Place of Business:**

14050 NEWCOMB AVENUE  
ORLANDO, FL 32826

**Current Mailing Address:**

155 SW 124TH AVENUE  
MIAMI, FL 33184

**New Mailing Address:**

14050 NEWCOMB AVENUE  
ORLANDO, FL 32826

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUIZ, FERNANDO M  
155 SW 124TH AVENUE  
MIAMI, FL 33184 US

**Name and Address of New Registered Agent:**

RUIZ, FERNANDO M  
14050 NEWCOMB AVENUE  
ORLANDO, FL 32826 US

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.

SIGNATURE:

04/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: CORNER TRUST C/O F., M. RUIZ  
Address: 155 SW 124TH AVENUE  
City-St-Zip: MIAMI, FL 33184

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORNER TRUST C/O F., M. RUIZ  
Address: 14050 NEWCOMB AVENUE  
City-St-Zip: ORLANDO, FL 32826

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CORNER TRUST/ FM RUIZ

MGRM

04/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date