

**FILE NOW: Fee after May 1, will be \$588.75**

**APPROVED  
AND  
FILED**

**1997 MAR 10 PM 12:07**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILING FEE**

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee

**\$ 203.75**

**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address  
of Limited Liability Company

**DOCUMENT # L95000000726**

AMERICAN TOWN CENTERS, L.C.  
3250 MARY ST  
SUITE 404  
MIAMI FL 33133

1a. Principal Place of Business Address

3250 MARY ST  
SUITE 404  
MIAMI FL 33133

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09/21/1995

FL

City & State

City & State

4. FEI Number

65-0610163

☐ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Date of Last Report

10/18/1996

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

ARNASON, BEAU E  
1108 PALMARITO ST  
MIAMI FL 33146

Name

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

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	STEINER, YAROMIR	3250 MARY ST	MIAMI FL
MBR	CURRY, PATRICIA	3250 MARY ST	MIAMI FL
900002108209--5 -03/10/97--01058--001 ****902.50 ****203.75			

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, MANAGING MEMBER OR MANAGER

Date

Daytime Phone #