

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



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

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address  
of Limited Liability Company

DOCUMENT # L96000000174

AMERICAN CENTURY COMPANY, L.C.  
C/O Michael Feldenkrais, P.A.  
12000 Biscayne Boulevard  
Suite 220  
North Miami, Florida 33181

1a. Principal Place of Business Address

C/O MICHAEL FELDENKRAIS, ESQ  
12000 BISCAYNE BLVD., STE. 2  
MIAMI FL 33181

2. Principal Place of Business

12000 Biscayne Blvd.

2a. Mailing Address

12000 Biscayne Blvd.

Suite, Apt. #, etc.

#220

Suite, Apt. #, etc.

#220

City & State

North Miami, Fl

City & State

North Miami, Fl

Zip

Country

Zip

Country

3. Date Organized or Qualified

02/08/1996

3a. State of Formation

FL

4. FEI Number

65-0650936

☐ Applied For

☐ Not Applicable

5. Date of Last Report

06/10/1997

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

FELDENKRAIS, MICHAEL  
12000 BISCAYNE BLVD., STE. 220  
MIAMI FL 33181

8. Name and Address of New Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

800002491038

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\*\*\*188.75 \*\*\*188.75

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

DATE

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

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM

CASSAU, RALF P.

1428 S.E. 11 PLACE

CAPE CORAL, FLORIDA  
33990

MGRM

EICHHORN, WALTER

2920 E. POINT DRIVE  
BUILDING N204

AVENTURA, FLORIDA  
33160

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 PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #