


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE 99 APR 30 AM 9:17	
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 # L98000001540 A.T. REALTY HOLDINGS #4 LC 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602		1a. Principal Place of Business Address 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 08/21/1998 3a. State of Formation FL 4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>	
7. Name and Address of Current Registered Agent HUMPHRIES, J. BOB 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA FL 33602			8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <div style="text-align: right;">FL</div>		
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 _____ <small>(Registered Agent Accepting Appointment) (NOT: Registered Agent signature required when reappointing)</small>				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	JAVELLO, MARK S	49 WEST 23RD STREET		NEW YORK NY	
MGR	ANCONA, STEVEN J	49 WEST 23RD STREET		NEW YORK NY	
MGR	HUMPHRIES, J. BOB	501 E. KENNEDY BLVD., #1700		TAMPA, FL 33602	
000002866463-16 -05/07/99--01020--017 ****197.50 ****197.50					

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 TITLE OF PRINTED NAME OF SIGNER (MANAGING MEMBER OR MANAGER)

4/29/99

(813) 222-1173