File on subjec	or before	e May 1, 1998 or 1 00.00 LATE FEE.	Limited	d Liabilit	ty Com	pany will be		-u - C - B		1.1
	ANNUAL F		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary Of State Division of conformations			DIVISION OF CORPURATIONS 3/9				
1998 DIVISION OF CORPORATION FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental							98 MAR -5 PM 2: 07			
FILING \$ 188	FEE Ann	ake Check Payable T	o: FLOR	IDA DEPA	ARTMEN	T OF STATE	1			
1. Name of Lim	and Malling Ad hited Liability Co	Idress Impany DOCUI	Г# м95000000022			Ī				
ATC - PRIME I, L.L.C. 3411 RICHMOND AVE. SUITE 400 HOUSTON TX 77046							1a. Principal Place of Business Address 3411 RICHMOND AVE. SUITE 400 HOUSTON TX 77046			
2 Principal Place of Business 2a. Mailii				ng Address			3. Date Organia	zed or Qualified	3a. State	of Formation
Suite, Apt. #, etc. Suite, Ap				t. #. etc.			01/19/:			
						4. FEI Number			Applied For	
City & State City & Sta				ite			75-2573642			Not Applicable
Zip	Country		Zip Coun			ry	5. Date of Last	Report		ate of Status Desired
						·	11/03/1			ional Lee Required
	7. Name	and Address of Current F	tegistered	Agent		8. I Name	Name and Addres	ss of New Regis	tered Agent	t/Office
1200	SOUTH	ATION SYSTEM PINE ISLAND FL 33324	Street Address (I Sulte, Apt. #, etc			(P.O. Box Number is Not Acceptable)				
						Zip Code				
its register	red office or regi	ions of Sections 608.416 ar stered agent, or both, in the s accept the obligations.	nd 608.508, State of Flor	, Florida Statu rida. Such cha	utes, the ab ange was a	ove-named limited uthorized by affirmat	liability company a tive vote of a majori	submits this state	ment for the s. I hereby ac	purpose of changing cept the appointment
SIGNATU	IRE	4D		OTE D. L.			-d-r-d-	DATE		
10. Title	Managing Members/Managers			OTE: Registered Agent signature required when reinstalling Business Street Address)}	City, State and Zip Code		
MGR	LUMMIS	, FRED		3411	RICH	MOND AVE.	, STE. 4	00HOUSTO	N TX	77046
MGR	JIMMER	SON, MARTY		3411	RICHN	MOND AVE.	, STE. 4	HOUSTO	N TX	97046
							90	0002. -03/10 ****1	45 2: 1/980 88.75	9696 1093018 ****188.75

11. Ido 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.