2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 22, 2004 8:00 am Secretary of State

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DOCUMENT # L0000009152 1. Entity Name ACRES AWAY, L.C.								4 90424 029		
Principal Place of Business Mailing Address								#40#1	UIK	,
C/O LOUIS STINSON, JR., P.A. 2199 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134 US		C/O LOUIS STINSON, IR., P.A. 2199 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134 US			 					
2. Principal Place of Business'		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01192004	Chg-LLC	CR2E083 (1	0/03)	
City & State		City & State			4. FEI Number 65-1026					plied For t Applicable
Zip	Country	Zip	Coun	try		5. Certificate	of Status Desired		O Add	
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New Re	egistered Agent		
STINISON	LOUIS JR.,ESQ			Name	Stew	art Ao	ent Serv	ices		
	CE DE LEON BLVD.			Street Ad	97594	Ponce	r is Not Acceptable de Leon	Blvd.	#30	1
CORAL GA	ABLES, FL 33134									•
				City Cc	oral	Gable	œ.	FL र्	2 Code 3 1 3	
	named entity submits this statement fo	r the purpose of changing its re	egistere					 	$\sim -\sim$	
_	ions of registered agent.							lich	1	
SIGNATURE	Signature, typed or printed name of registered agent of	and little if applicable. (NOTE:	Registere	d Agent signature	e required	when reinstating)		DATE	Z	
Filing Fee is \$50.00 Due by May 1, 2004						8				
Fi D:	iling Fee is \$50.00 ue by May 1, 2004							e check payab Department o		,
9.	MANAGING MEMBE		10.					Department o	f State	
9. TITLE	we by May 1, 2004 MANAGING MEMBE	RS/MANAGERS	TITLE		P	rington	Florida ADDITIONS/	Department o	f State	Addition
9.	MANAGING MEMBE		TITLE		Her		ADDITIONS/	Department o CHANGES	f State	Addition
9. TITLE NAME	MANAGING MEMBE P HARRINGTON, NEAL L		title Nam Stre	E Et adoress	Herr 2199	9 Ponce	Florida ADDITIONS/ Neal, L. de Leon Bo	Department o CHANGES 反 Oulevard,	f State	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBE P HARRINGTON, NEAL L 4150 DAY POINT ROAD MIAMI, FL 93197		TITLE NAM STRE CITY	E ET ADORESS -ST-ZIP	Herr 2199	9 Ponce	ADDITIONS/	Department o CHANGES	f State	Addition
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indicated on this report is true and accurate and that mysignature shall have the same legal effect as it 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: