

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-22-2004 90424 029 ****50.00

DOCUMENT # L00000009152					
1. Entity Name ACRES AWAY, L.C.					
Principal Place of Business C/O LOUIS STINSON, JR., P.A. 2199 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134 US			Mailing Address C/O LOUIS STINSON, JR., 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.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STINSON, LOUIS JR. ESQ 2199 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134				Name <u>Stewart Agent Services</u> Street Address (P.O. Box Number is Not Acceptable) <u>2199 Ponce de Leon Blvd. #301</u> City <u>Coral Gables</u> <u>FL</u> Zip Code <u>33134</u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>[Signature]</u>				DATE <u>1/5/04</u>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARRINGTON, NEAL L 4150 BAY POINT ROAD MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harrington, Neal, L. 2199 Ponce de Leon Boulevard, Suite 301 Coral Gables, FL 33134	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRINGTON, STEPHEN C 4550 BAY POITN ROAD MIAMI, FL 33137		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STINSON, LOUIS JR 2199 PONCE DE LEON BLVD. #301 CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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11. I 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 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.					
SIGNATURE: <u>[Signature]</u>			Date <u>03/18/04</u> Daytime Phone # <u>305-444-8807</u>		