

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 02, 2002 8:00 am
Secretary of State

04-30-2002 90008 032 ****50.00

DOCUMENT # 101000016580

1. Entity Name

Acc/6P Development LLC

Principal Place of Business

20803 BISCAYNE BLVD., STE. 200
 ATTN: MICHAEL BEDZOW, TRUSTEE
 AVENTURA FL 33180

Mailing Address

20803 BISCAYNE BLVD., STE. 200
 ATTN: MICHAEL BEDZOW, TRUSTEE
 AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

71-0865980

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
 1201 NAYS STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name: *Alan M. David*
 Street Address (P.O. Box Number is Not Acceptable): *20803 Biscayne Boulevard Suite 200*
 City: *Aventura* FL Zip Code: *33180*

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.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: *Michael Bedzow, Pres.* Delete
 NAME: *Michael Bedzow, Pres.*
 STREET ADDRESS: *Southwestern Florida Properties, Inc.*
 CITY-ST-ZIP: *20803 Biscayne Boulevard, Ste 200 Aventura, Fla. 33180*

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
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10. ADDITIONS/CHANGES

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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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:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/16/02

Date

305-891-7987

Daytime Phone #

CR2E083 (9/01)

96185



DO NOT WRITE IN THIS SPACE