2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000004756

1. Entity Name

ACC/GP SOUTHEASTERN LLC



Principal Place of Business

20803 BICAYNE BLVD., STE. 200

ATTN: MICHAEL BEDZOW AVENTURA, FL 33180

Mailing Address

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

FILED Jan 25, 2007 8:00 am Secretary of State

01-25-2007 90086 019 ****50.00



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
04-3602047		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional quired

6. Name and Address of Current Registered Agent

DAVID, ALAN

20803 BICAYNE BLVD., STE. 200 AVENTURA, FL 33180

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8.	The above	e.named	d, entity subi	nits this statement for the p	urpose of changin	ig its registered office or	registered agent, or	both, in the State of Flo	orida. Lam familiar	with, and accept
	the obligat	tions of	registered	agent.						
	ž,		****							
SIC	GNATUREL		3 Jan .							
	س و د.	Signatur	re, lypedior print	ed name of registered agent and title if	applicable.	(NOTE: Registered Agent signature	re required when reinstating	1)	DATE	

Filing Fée ls \$50.00 Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR 🔅			
NAME	BEDZOW, MICHAEL			
STREET ADDRESS	20803 BICAYNE BLVD., STE. 200			
CITY-ST-ZIP	AVENTURA, FL 33180			
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CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the				

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the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 AND TYPES OR PRINTED NING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #