

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0022183

**DOCUMENT # L02000004756**

1. Entity Name  
**ACC/GP SOUTHEASTERN LLC**



FILED

03 MAY -5 PM 12: 20

SECRETARY OF STATE



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>20803 BICAYNE BLVD., STE. 200 ATTN: MICHAEL BEDZOW AVENTURA FL 33180</b>		Mailing Address <b>20803 BICAYNE BLVD., STE. 200 ATTN: MICHAEL BEDZOW AVENTURA FL 33180</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

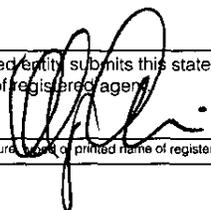
6. Name and Address of Current Registered Agent

**DAVID ALAN OLGA ALEMAN, ESQ.**  
**20803 BICAYNE BLVD., STE. 200  
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ FL Zip Code \_\_\_\_\_

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  DATE **4/29/03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By May 1, 2003

00018022391  
05/05/03--01111--002 \*\*3102.50

9. MANAGING MEMBERS / MANAGERS

<p>TITLE NAME <b>Michael Bedzow, Pres.</b> <input type="checkbox"/> Delete STREET ADDRESS <b>Southeastern Florida Properties, Inc.</b> CITY-ST-ZIP <b>20803 Biscayne Blvd Suite 200 AVENTURA, FL 33180</b></p>	
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	

10. ADDITIONS/CHANGES

	<p>TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	<p>TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	<p>TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	<p>TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
<p>TITLE NAME _____ <input type="checkbox"/> Delete STREET ADDRESS _____ CITY-ST-ZIP _____</p>	<p>TITLE NAME _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:  DATE **4/29/03** DAYTIME PHONE # **305 891 7987**

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

CR2E083 (10/02)