


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000004757**

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



|  |  |
|--|--|
| Principal Place of Business<br><b>20803 BISCAYNE BLVD., STE. 200<br/>         ATTN: MICHAEL BEDZOW<br/>         AVENTURA, FL 33180</b> | Mailing Address<br><b>20803 BISCAYNE BLVD., STE. 200<br/>         ATTN: MICHAEL BEDZOW<br/>         AVENTURA, FL 33180</b> |
|--|--|



01092008No Chg-LLC CR2E083 (12/07)

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|                                    |                               |
|------------------------------------|-------------------------------|
| 4. FEI Number<br><b>71-0865980</b> | Applied For<br>Not Applicable |
|------------------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

**DAVID, ALAN  
 20803 BISCAYNE BLVD., STE. 200  
 AVENTURA, FL 33180**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>ACC/GP SOUTHEASTERN, LLC<br/>20803 BISCAYNE BLVD., STE. 200<br/>AVENTURA, FL 33180</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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 02/08/08-80007-025-138.75

**DO NOT WRITE IN THIS SPACE**

11. 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #