2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000009395

1. Entity Name

ACREE PROPERTIES, L.L.C.

APPROVED AND FILED

01 APR 26 AM 9:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

0025413 AF

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1035 N. WOODLAND BLVD. DELAND FL 32724	P.O. BOX 166 DELAND FL 32721

2. Principal Place of Business		3. Mailing Address	
1035 N. Woodland Blvd.		P.O. Box 166	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Deland, FL		City & State: Deland, FL	
Zip: 32724	Country: Volusia	Zip: 32721	Country: Volusia

4. FEI Number 59-3666541 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ACREE, WALTER M III 1035 N. WOODLAND BLVD. DELAND FL 32724	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.

SIGNATURE Walter M. Acree III DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

400004191744--0
-05/09/01--01128--008
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACREE, WALTER M III 1035 N. WOODLAND BLVD. DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ACREE, KAREN 1035 N. WOODLAND BLVD. DELAND FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (11/00)

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: Walter M. Acree III Walter M Acree, III 4/24/01 904-822-4900

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