2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 90036 019 ****55.00

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MOORE CR2E083 (11/03)

DOCUMENT # L99000009395

1. Entity Name
ACREE PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
1035 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. Bx 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2004

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

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 386-822-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date 4/23/04 Daytime Phone #