

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000009395	
1. Entity Name ACREE PROPERTIES, L.L.C.	

Principal Place of Business 1035 N WOODLAND BLVD. DELAND FL 32724	Mailing Address P.O. BOX 166 DELAND FL 32721
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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1st MOORE CR2E083 (10/06)

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 ACREE, WALTER M III 1035 N. WOODLAND BOULEVARD DELAND FL 32720	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Karen M. Acree (NOTE: Registered Agent signature required when reinstating) DATE 3/14/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ACREE, WALTER M III 1035 N. WOODLAND BOULEVARD DELAND FL 32720 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition U000000683814 03/27/07-80087-009 55.00
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM ACREE, KAREN 1035 N. WOODLAND BOULEVARD DELAND FL 32720 ☐ 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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Karen M. Acree DATE 3/14/07 DAYTIME PHONE # 386-822-4400