

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90078 019 ****55.00

DOCUMENT # L99000009395

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



Principal Place of Business

**1035 WOODLAND BLVD.
DELAND FL 32724**

Mailing Address

**P.O. BOX 166
DELAND FL 32721**

2. Principal Place of Business

1035 N. Woodland Blvd. P.O. Box 166
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeLand, FL

City & State

DeLand, FL

Zip

32724

Country

Volusia

Zip

32721

Country

Volusia

6. Name and Address of Current 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

4. FEI Number **59-3666541**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

7. Name and Address of New Registered Agent

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **ACREE, WALTER M III**
STREET ADDRESS **1035 N. WOODLAND BLVD.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE **MGRM** ☐ Delete
NAME **ACREE, KAREN**
STREET ADDRESS **1035 N. WOODLAND BLVD.**
CITY-ST-ZIP **DELAND FL 32724**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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** **4/23/03**

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

Date

Daytime Phone #

CR2E083 (10/02)