


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # M04000003948 1. Entity Name ACA FINANCIAL LLC |  |
|---|---|

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|--|--|
| Principal Place of Business 200 SE 1ST STREET STE. 800 MIAMI, FL 33131 | Mailing Address 200 SE 1ST STREET STE. 800 MIAMI, FL 33131 |
|--|--|



04142005No Chg-LLC CR2E083 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 94-3319147 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
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| 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 | <p style="font-size: 1.5em; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p> |
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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.

**Filing Fee is \$50.00
Due by May 1, 2005**

| 9. MANAGING MEMBERS/MANAGERS | |
|------------------------------|----------------------------|
| TITLE | MGRM |
| NAME | LIE-NIELSEN, JOHN M |
| STREET ADDRESS | 200 SE 1ST STREET STE. 800 |
| CITY-ST-ZIP | MIAMI, FL 33131 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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04/18/05 50149-005 50.00

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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:  4/15/05 305-722-0022
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #