

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000057180

Entity Name: ACP, LLC

FILED
Oct 10, 2005
Secretary of State

Current Principal Place of Business:

2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

2033 MAIN STREET
SUITE 600
SARASOTA, FL 34237

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PFLUGNER, J GEOFFREY
2033 MAIN STREET
SUITE 600
SARASOTA, FL FL US

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: J GEOFFREY PFLUGNER

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: SCHIER, JAMES
Address: 8210 LAKEWOOD RANCH BOULEVARD
City-St-Zip: BRADENTON, FL 34202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: CLARKE, JAMES
Address: 7511 S. TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231

Title: MGR (X) Change () Addition
Name: CASSATA, FRANK
Address: 7511 S TAMiami TRAIL
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: FRANK CASSATA

MGR

10/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date