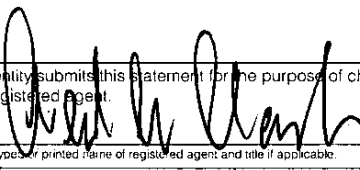
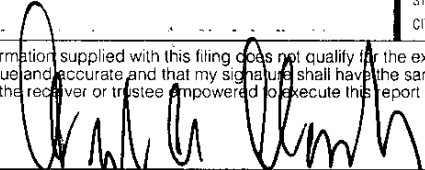


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90086 007 ***138.75

DOCUMENT # L07000024913					
1. Entity Name ACC SECURITIES, LLC					
Principal Place of Business 210 KAWAMA LANE PALM BEACH, FL 33480 US			Mailing Address 210 KAWAMA LANE PALM BEACH, FL 33480 US		
2. Principal Place of Business - No P.O. Box # 4440 PGA Blvd Suite, Apt. #, etc. Suite 405		3. Mailing Address 4440 PGA Blvd Suite, Apt. #, etc. Suite 405		03252008 Chg-LLC CR2E083 (12/06)	
City & State Palm Beach Gardens FL		City & State Palm Beach Gardens FL		4. FEI Number 20-8628150	
Zip 33410		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CLARK, ALFRED C 210 KAWAMA LANE PALM BEACH, FL 33480 4440 PGA Blvd, Suite 405 Palm Beach Gardens FL 33410				7. Name and Address of New Registered Agent 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:  DATE: 3/25/08 (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing). DATE:)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLARK, ALFRED C 210 KAWAMA LANE PALM BEACH, FL 33480	☐ 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	
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 				Date: 3/25/08 Daytime Phone #: 561-355-8251	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					