

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000016580

Entity Name: ACC/GP DEVELOPMENT LLC**Current Principal Place of Business:**C/O FRAN SHAPIRO
3861 NORTH 31 TERRACE
HOLLYWOOD, FL 33021**Current Mailing Address:**CHERRY BEKAERT LLP
2525 PONCE DE LEON BLVD SUITE 1040
CORAL GABLES, FL 33134 US**FEI Number:** 26-0049057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KORN, GARY ESQ.
20801 BISCAYNE BOULEVARD
SUITE 501
AVENTURA, FL 33180 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:** GARY KORN

04/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VP, DIRECTOR
Name BEDZOW, MICHAEL
Address 20803 BISCAYNE BOULEVARD STE 200
City-State-Zip: AVENTURA FL 33180

Title VP, DIRECTOR
Name FEINGOLD, ESTHER
Address 20803 BISCAYNE BLVD. #200
City-State-Zip: AVENTURA FL 33180

Title CHAIRMAN, DIRECTOR
Name BEDZOW, CHARLES
Address 20803 BISCAYNE BLVD., STE. 200
City-State-Zip: AVENTURA FL 33180

Title PRESIDENT, TREASURER, DIRECTOR
Name SHAPIRO, FRANCES
Address 20803 BISCAYNE BLVD. #200
City-State-Zip: AVENTURA FL 33180

Title VP, SECRETARY, DIRECTOR
Name BEDZOW, SARA
Address 20803 BISCAYNE BLVD., STE. 200
City-State-Zip: AVENTURA FL 33180

Title MGR
Name ACC/GP SOUTHEASTERN LLC
Address 20803 BISCAYNE BLVD., STE. 200
ATTN: MICHAEL BEDZOW, TRUSTEE
City-State-Zip: AVENTURA FL 33180

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES BEDZOW

CHAIRMAN

04/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date