

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000004756

**Entity Name:** ACC/GP SOUTHEASTERN LLC

**Current Principal Place of Business:**

20803 BICAYNE BLVD., STE. 200  
ATTN: MICHAEL BEDZOW  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BICAYNE BLVD., STE. 200  
ATTN: MICHAEL BEDZOW  
AVENTURA, FL 33180

**FEI Number:** 04-3602047

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

RIBERO, LILIANA  
20803 BICAYNE BLVD.  
SUITE 200  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR, DIRECTOR  
Name BEDZOW, MICHAEL  
Address 20803 BICAYNE BLVD., STE. 200  
City-State-Zip: AVENTURA FL 33180

Title VP, DIRECTOR  
Name SHAPIRO, FRANCES  
Address 20803 BISCAYNE BLVD. #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 SECRETARY, DIRECTOR  
Name BEDZOW, SARA  
Address 20803 BICAYNE BLVD., STE. 200  
ATTN: MICHAEL BEDZOW  
City-State-Zip: AVENTURA FL 33180

Title CHAIRMAN, DIRECTOR  
Name BEDZOW, CHARLES  
Address 20803 BICAYNE BLVD., STE. 200  
ATTN: MICHAEL BEDZOW  
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, DIRECTOR**

**01/08/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date