

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000004757

Entity Name: ACC/GP INVESTMENT LLC

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 71-0865980

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIBERO, LILIANA
20803 BISCAYNE BLVD., STE. 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 MGRM
Name ACC/GP SOUTHEASTERN, LLC
Address 20803 BISCAYNE 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 MANAGER, DIRECTOR
Name BEDZOW, MICHAEL
Address 20803 BISCAYNE BLVD., STE. 200
ATTN: MICHAEL BEDZOW
City-State-Zip: AVENTURA FL 33180

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

Title CHAIRMAN, DIRECTOR
Name BEDZOW, CHARLES
Address 20803 BISCAYNE 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

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date