2013 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** Title VP, DIRECTOR

Name ACC/GP SOUTHEASTERN, LLC Name SHAPIRO, FRANCES

Address 20803 BISCAYNE BLVD., STE. 200 Address 20803 BISCAYNE BLVD. #200

AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180 City-State-Zip:

Title MANAGER, DIRECTOR Title VP, DIRECTOR Name BEDZOW, MICHAEL Name FEINGOLD, ESTHER

20803 BISCAYNE BLVD., STE. 200 Address 20803 BISCAYNE BLVD. #200 Address ATTN: MICHAEL BEDZOW

City-State-Zip: AVENTURA FL 33180 City-State-Zip: AVENTURA FL 33180

Title

VP, SECRETARY, DIRECTOR Title CHAIRMAN, DIRECTOR Name BEDZOW, SARA

Name BEDZOW, CHARLES Address 20803 BISCAYNE BLVD., STE. 200 20803 BISCAYNE BLVD., STE. 200 Address

ATTN: MICHAEL BEDZOW ATTN: MICHAEL BEDZOW

AVENTURA FL 33180

City-State-Zip: 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

01/07/2013 SIGNATURE: MICHAEL BEDZOW PRESIDENT, CEO

FILED Jan 07, 2013

Secretary of State

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