DOCUMENT #  1. Entity Name	L000000	001565	- J	•		FILED	
ACA INVESTMENTS, L.L.C.					12 AM 9:41	Ę	
Principal Place of Business		Mailing Address	· · · · · · · · · · · · · · · · · · ·			RY OF STATE SSEE, FLORIDA	
901 PONCE DE LEON BLVD	5	901 PONCE DE LEON BL	VD		IALLAHAS	SSEE, FLORIDA	
STE 601 CORAL GABLES FL 33134		STE 601 Coral Gables FL 33134	<b>,</b>				
2. Principal Place of Business OVICE De	Leon Rive! 3.	Majling Address	De Loan	Blu	! !!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	1111 88111 <b>88</b> 111 <b>88113</b> 11 <b>88</b> ) <b>8</b> 111 <b>8</b>	<b>1</b>   4  4  4  4  4  4  4  4  4  4  4  4  4
Suite, Apt. #, etc.		Suite Apt. #, etc.		Ţ	DO NOT WR	ITE IN THIS SPACE	
City & State Coral Gables,	FL (	City & State Ceral Caubles	s, FL	4. FEI	Number 65-098	// ペトラ <del>  </del>	oplied For ot Applicable
33134	untry USH	33184-	Country — USA	5. Cer	tificate of Status Desired	\$5.00 Add	ditional .
6. Name and A	ddress of Current Regis	stered Agent	Name		ne and Address of New I	Registered Agent	
ALBORNOZ, WILLIAM H			Street 4	Address (P.B. Box	MO OFFICE ILL Numberis Not Acceptable	0	
901 PONCE DE LEON BLV	D		Silve 2	1993 "Povic	e he reor	L Bludi	
STE 601				<u>Suite</u>	#1105		
CORAL GABLES FL 33134		<u> </u>		<del>ional lak</del>	bles	FL Zip Cod	3134
<ol><li>The above named entity subm</li></ol>	its this statement for the	ourgose of changing its	ragistarad office o		or both in the State of Ele		,
1			registered office o	or registered agent,	, or bour, in the state of Fit	orida.	
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SIGNATURE	/;	f applicable. (NOTE	WO GIVE	RILLO J. W. sture required when reinsta		414 2001 DATE	
SIGNATURE	/;	f applicable. (NOTE	CINC CINC Registered Agent signs	KILLO , W sture required when reinsta \$50.00		414 2001 DATE	
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

30S-774-6S65 Daytime Phone #

4/4/01 Date