

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L00000002477**1. Entity Name
AC & E ENTERPRISES, L.L.C.

Principal Place of Business 1500 NW 110TH AVENUE, #367 PLANTATION FL 33322	Mailing Address 1500 NW 110TH AVENUE, #367 PLANTATION FL 33322
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2. Principal Place of Business 2574 N. UNIVERSITY DR. Suite, Apt. #, etc. 216	3. Mailing Address 2574 N. UNIVERSITY DR. Suite, Apt. #, etc. 216
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City & State SUNRISE FL	City & State SUNRISE FL
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Zip 33322	Country US	Zip 33322	Country US
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4. FEI Number 65-0997591	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ROTH LEONARDO A PH2, 9350 S. DIXIE HWY MIAMI FL 33156 US	7. Name and Address of New Registered Agent Name ROTH LEONARDO A Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD. 360 City HOLLYWOOD FL Zip Code 33021
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8. 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 _____ DATE **05/30/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACQUARONE VERA EPARTNER 1500 NW 110TH AVE. # 367 PLANTATION FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACQUARONE EDUARDO EPARTNER 1500 NW 110TH AVE. # 367 PLANTATION FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ACQUARONE DANILO CPARTNER 1500 NW 110TH AVE. # 367 PLANTATION FL 33322 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: Danilo Acquarone MGR 05/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)