

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006415

Entity Name: A.C.T. ENTERPRISES, LLC

FILED  
Jan 22, 2007  
Secretary of State

**Current Principal Place of Business:**

15047 ALTMAN ROAD  
MYAKKA CITY, FL 34251

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 277  
MYAKKA CITY, FL 34251

**New Mailing Address:**

FEI Number: 65-1019324

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BARNES, GARRET T ESQ  
3119 MANATEE AVE WEST  
BRADENTON, FL 34205 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANSON, BARBARA  
Address: P.O. BOX 277  
City-St-Zip: MYAKKA CITY, FL 34251

Title: MGR ( ) Delete  
Name: CISLO, ALICE  
Address: 15047 ALTMAN ROAD  
City-St-Zip: MYAKKA CITY, FL 34251

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ALICE CISLO

MS.

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date