## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L00000011855

**ACP 1110 BRICKELL LLC** 

Principal Place of Business									
701	BRICKELL	AVENUE.	SUITE	3000					

Mailing Address

701 BRICKELL AVENUE, SUITE 3000 MIAMI FL 33131

## FILED May 14, 2002 8:00 am Secretary of State 05-14-2002 90142 001 \*1,900.00

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2. Principal Place of Business		3	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WR	TE IN THIS	SPACE			
City & State				City & State		4	4. FEI Number 65-1043573 Applied For						
Zip Country				Zip Co		untry						Vot Applicable	킼
							5. Certificate of Status Desired   \$5.00 Additional Fee Required					ĺ	
	6. Name	and Address of Co	urrent Reg	istered Agent			7.	Nam	e and Address of New F	tegistered	Agent		]
INTRACTATE DEGISTERED LOCKE CORROBLETION					Name							٦	
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVENUE, SUITE 3000			URATION		Street Address		(P.O. Box Number is Not Acceptable)					$\dashv$	
	MI FL 3313							-	<u> </u>				-
					City	<del>- · · ·</del>			FL	Zip Cod	de	$\frac{1}{2}$	
8. The above	named entity	y submits this statem	nent for the	purpose of changing it	s register	ed office or r	registered a	agent.	or both, in the State of Flo		<u>-                                      </u>	***.	$\dashv$
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SIGNATURE .	Signature, typed	or printed name of registere	d agent and titl	e if applicable. (NO	TF: Registere	d Agent signature	o required when	role at at					
								Teinstati	ng)	DATE		· · · · · ·	4
						FEE IS \$5							
				Make Check P		o Departm ay 1, 2002		ate					ľ
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1. Therebyice	ertify that the	information supplied	with this f	ling doop not avails to	-		12-0		'(3)(i), Florida Statutes. I f	_			ı
indicated o	n this report	in true and ecounts	· ****** (1115	ing coes not quality for	ine exem	puon stated	in Section	119.07	(3)(i), Florida Statutes. I f	urther cert	ify that the in	formation	

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 re-eiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

Date