

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016469

Entity Name: ACK-TEN GROUP, LLC

FILED
Jan 03, 2005
Secretary of State

Current Principal Place of Business:

2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Principal Place of Business:

Current Mailing Address:

2404 B. S. SEACREST BLVD.
BOYNTON BEACH, FL 33435

New Mailing Address:

FEI Number: 65-1141015

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLOCH, STUART E ESQ.
980 NORTH FEDERAL HIGHWAY, SUITE 412
BOCA RATON, FL 33496 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/MEMBERS:

Title: MGR () Delete
Name: ACKERMAN, HOWARD
Address: 2404 B. S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM () Delete
Name: LITTEN, JORDAN
Address: 2404 B. S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGR () Delete
Name: LITTEN, LORETTA
Address: 2404 B. S. SEACREST BLVD.
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: JORDAN LITTEN

MGRM

01/03/2005

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