LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Mar 29, 2002 8:00 am Secretary of State

DOCUMENT # L01000021130 1. Entity Name						Secretary of State 03-29-2002 90598 045 ****50.00			
THE AC	GREEMENT, L.L.C.								
	DO NOT WRITE	IN THIS SP	'AC	E					
3440 t Suite, Apt 360 City & Sta	Country	3. Mailing Address 3440 Howw Suite, Apt. #, etc. 360 City & State Howwood, Zip 33021	FL	bei		DO NOT W	1 □ \$5	Applied For Not Applicable .00 Additional Prequired	
<u> </u>	DO NOT W	RITE		Name U	30NA	ne and Address of Curro A , A Number is Not Accepta	ent Registered Ag		
IN THIS SPACE				3441 City H	o Ha	HOLYWOOD BLUD, STE 3 COO LYWOOD FL Zig Code 021			
8. The above	e named entity submits this statement for Signature, typed or printed name of registered agent ar	leo	egistere MA	PDO	egistered ager A 207	nt, or both, in the State of	Florida.	50/05	
		Make Check Pay DL	able to	\$50.00 Departme	ent of State				
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MEM OTERO, CLISTIAN 3440 HOLLINGOD, PL 33 MGM COCLATI, SERGIO 3440 HOLLINGOD BL HOLLINGOD, FL	US, SUITE 3600 1002 US, SUITE 3600	CITY- TITLE NAME STREE	ET ADDRESS ST-ZIP				CDOEDB3B (19)(01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREE		-	DO NOT	WRITE	- =	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						IN THIS	SPACE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			CITY-	T ADDRESS ST-ZIP					
11. I hereby of indicated limited lia	certify that the information supplied with to on this report is true and accurate and the ability company or the receiver or trustee.	is filing does not qualify for that the signature shall have the powered to execute this re	ne exen e same port as	nption stated legal effect a required by (in Section 11 as if made und Chapter 608, F	9.07(3)(i), Florida Statute der oath; that I am a man Florida Statutes.	s. I further certify to aging member or	hat the information manager of the	