JUN-03-2003 04:24PM FROM-AMERICAS CAPITAL PARTNERS +3059959993

FILED
Jun 09, 2003 8:00 am
Secretary of State

05-05-2003 92168 030 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/5/20

DOCUMENT # L02000004775

1. Entity Name

ACP SOUTH FLORIDA II LLC

44003966

[redacted]

Principal Place of Business	Mailing Address
701 BRICKELL AVE. SUITE 300 MIAMI FL 33131	701 BRICKELL AVE. SUITE 300 MIAMI FL 33131

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
444 Brickell Avenue		1111 Brickell Avenue	
Suite, Apt. #, etc.: Suite 900		Suite, Apt. #, etc.: Suite 2500	
City & State: Miami, Florida		City & State: Miami, Florida	
Zip: 33131	Country: USA	Zip: 33131	Country: USA

4. FEI Number: 35-0003549 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE. SUITE 300 MIAMI FL 33131	Name: Stuart K. Hoffman, Esq. Street Address (P.O. Box Number is Not Acceptable): 1111 Brickell Avenue, Suite 2500 City: Miami, FL Zip Code: 33131

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________ DATE
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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ACP SOUTH FLORIDA II CORP. 701 BRICKELL AVE. SUITE 300 MIAMI FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR ACP South Florida II Corp. 444 Brickell Avenue, Suite 900 Miami, Florida 33131	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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.

ACP South Florida II, LLC
By: ACP South Florida II Corp.

SIGNATURE: By: ______________________
[illegible], President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #