

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-07-2003 90041 048 *****55.00

DOCUMENT # L02000029558

1. Entity Name

ACE PROPERTIES, LLC



Principal Place of Business

10815 SW 20TH PLACE
GAINESVILLE FL 32607

Mailing Address

10815 SW 20TH PLACE
GAINESVILLE FL 32607

2. Principal Place of Business

1710 NW 7th STREET

3. Mailing Address

Suite, Apt. #, etc.

City & State

GAINESVILLE FL

City & State

GAINESVILLE FL

4. FEI Number

16-1639651

Applied For

Not Applicable

Zip

32607

Country

FLORIDA

Zip

32607

Country

FLORIDA

5. Certificate of Status Desired

16-1639651

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

GRACE, CYNTHIA K
10815 SW 20TH PLACE
GAINESVILLE FL 32607

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. REGISTERED MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	CYNTHIA GRACE	
STREET ADDRESS	10815 SW 20TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EDWARD GRACE	
STREET ADDRESS	10815 SW 20TH PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RICHARD PACE	
STREET ADDRESS	10811 SW 18TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ERIC PACE	
STREET ADDRESS	10811 SW 18TH LANE	
CITY-ST-ZIP	GAINESVILLE, FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

[Signature]

1-6-03

352-332-0034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)