

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90245 006 \*\*\*\*50.00

**DOCUMENT # L02000033534**

1. Entity Name  
ACIV, LLC



Principal Place of Business  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

Mailing Address  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**20010345**



2. Principal Place of Business  
1714 S. Lakeshore Drive  
Suite, Apt. #, etc.

3. Mailing Address  
1714 S. Lakeshore Drive  
Suite, Apt. #, etc.

02072006 Chg-LLC CR2E083 (11/05)

City & State  
Sarasota, FL

City & State  
Sarasota, FL

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

Zip  
34231

Country  
USA

Zip  
34231

Country  
USA

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

**6. Name and Address of Current Registered Agent**

LAMBRECHT, WILLIAM G  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME LAMBRECHT, WILLIAM G  
STREET ADDRESS 200 SOUTH ORANGE AVE.  
CITY-ST-ZIP SARASOTA, FL 34236 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS 1714 S. LAKE SHORE RD  
CITY-ST-ZIP SARASOTA FL 34231 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *WMB Lambrecht*

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

*20 Feb 2006*

Date

Daytime Phone #