

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 24, 2003 8:00 am**  
**Secretary of State**

09-16-2003 90001 015 \*\*\*\*50.00

**DOCUMENT # L03000000192**

1. Entity Name  
**AC INVESTMENTS, LLC**



Principal Place of Business Mailing Address  
**3327 NOTTINGHAM DRIVE 3327 NOTTINGHAM DRIVE**  
**TALLAHASSEE FL 32312 TALLAHASSEE FL 32312**

**55057036**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **03-0502014** Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CULPEPPER, R. CLAY**  
**3327 NOTTINGHAM DRIVE**  
**TALLAHASSEE FL 32312**

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM CULPEPPER, CLAY 3327 NOTTINGHAM DRIVE TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CULPEPPER, ANGIE 3327 NOTTINGHAM DRIVE TALLAHASSEE FL 32312</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date **9/14/03** (954) 893-8418  
 Daytime Phone #

CR2E083 (4/03)