## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000003412

Entity Name: A.C.C. ENTERPRISE FLORIDA REALTY #1, LLC

FILED Mar 30, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
420 GLEN MEADOW LANE NAPLES, FL 34105				4910 TAMIAMI TRAIL N SUITE 120 NAPLES, FL 34103		
Current Mailing Address:				New Mailing Address:		
420 GLEN MEADOW LANE NAPLES, FL 34105				2924 WABASH AVE TERRE HAUTE, IL 47803		
FEI Number: 26-00	58909	FEI Number Applied For()	FEI Nun	nber Not App	licable ( )	Certificate of Status Desired ( )
Name and Add	ress of C	urrent Registered Agent:		Name and	Address of I	New Registered Agent:
LOTTES, KEVIN C/O PORTER, N 5801 PELICAN NAPLES, FL 34	WRIGHT, BAY BLV	D., SUITE 300				
The above name in the State of F		submits this statement for the pu	urpose o	f changing i	its registered o	office or registered agent, or both,
SIGNATURE:						
Electronic Signature of Registered Agent				Date		
MANAGING MEMBERS/MEMBERS:				ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	•	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( COCOZZOLI, ( 4920 BEECHV TERRE HAUTE	VOOD CT
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( JONES, JOAN 135 PHOENIX TERRE HAUTE	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( JONES, ROBE 135 PHOENIX TERRE HAUTE	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	*	
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	MGRM ( LAFATA, TONY 7416 VALLERI TERRE HAUTE	E CT

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOANN C. JONES SECR 03/30/2004