



FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90284 001 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

24041400



DOCUMENT # L03000009536			
1. Entity Name ACQUISITIONS PLUS, LLC			
Principal Place of Business 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410		Mailing Address 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410	
2. Principal Place of Business 3950 RCA BLVD		3. Mailing Address 3950 RCA BLVD	
Suite, Apt. #, etc. STE 5200		Suite, Apt. #, etc. STE 5200	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL	
Zip 33410	Country	Zip 33410	Country
6. Name and Address of Current Registered Agent		4. FEI Number 41-2085994	
GARY, JOHN W III GARY, DYTRYCH & RYAN, P.A. 701 U.S. HWY. ONE, STE. 402 N. PALM BEACH, FL 33408		Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BILLS, JOHN C 2401 PGA BLVD., STE. 280 PALM BEACH GARDENS, FL 33410 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 3/25/04	Daytime Phone # 581-627-7551
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	