

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90032 040 ****55.00

| | | | | | |
|---|---|---------------------------------|--|---|--|
| DOCUMENT # L03000034996 | | | | | |
| 1. Entity Name ACD, LLC | | | | | |
| Principal Place of Business 27749 FORESTER DRIVE BAREFOOT BEACH, FL 34134 | | | Mailing Address 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01102006 Chg-LLC CR2E083 (11/05) | |
| 4. FEI Number 05-0586483 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired | | | | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| LADEMAN, CARRIE E 3200 TAMiami TRAIL NORTH, STE. 200 NAPLES, FL 34103 | | | 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 _____ (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 | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PALMER, CRAIG T 27749 FORESTER DRIVE BAREFOOT BEACH, FL 34134 | <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 | MGRM OTKE, RICHARD 2421 WEST EDGEWOOD DR. JEFFERSON CITY, MO 65109 | <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 | MGRM SAUVE, ALAN C 7873 COCO BAY DR. NAPLES, FL 34108 | <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 | |
| 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 | |
| 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 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: <i>Craig T. Palmer</i> | | | 1-17-2006 239-495-7999 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | Date Daytime Phone # | | |

ATTACHMENT

20029761
#103000034996



WOODWARD, PIRES & LOMBARDO, P.A.

A t t o r n e y s - A t - L a w

April 7, 2006

CRAIG R. WOODWARD ☉
MARK J. WOODWARD
ANTHONY P. PIRES, JR. ☐
J. CHRISTOPHER LOMBARDO
STEVEN V. BLOUNT
CARRIE E. LADEMAN

Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

Re: ACD, LLC

CARLO F. ZAMPOGNA
JENNIFER L. SZYMANSKI

To Whom It May Concern:

☉ (Board Certified Real Estate Attorney)
☐ (Board Certified City, County and Local Government Attorney)

Enclosed for filing please find the original 2006 Annual Report for the above referenced limited liability company and a check in the amount of \$55.00 for the filing fee and Certificate of Status.

Please feel free to contact me if you have any questions or need anything further.

Very truly yours,

Nicole Turley
Assistant to Carrie E. Lademan, Esq.

\nmt
Enclosures

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