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Secretary of State
05-03-2005 90013 045 ****55.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

20054356

DOCUMENT # L04000010584

1. Entity Name
A & C INVESTORS, LLC

Principal Place of Business	Mailing Address
9978 MOSS POND DRIVE BOCA RATON, FL 33496	9978 MOSS POND DRIVE BOCA RATON, FL 33496

04262005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
9434 AEGEAN DRIVE	9434 AEGEAN DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State: BOCA RATON, FL
Zip: 33496 Country	Zip: 33496 Country

4. FEI Number 65-1219464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, CLAUDE
~~9978 MOSS POND DRIVE~~ 9434 AEGEAN DRIVE
BOCA RATON, FL 33496

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 Claude Campbell CLAUDE CAMPBELL 4/30/05
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, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAMPBELL, CLAUDE ~~9978 MOSS POND DRIVE~~ 9434 AEGEAN DRIVE BOCA RATON, FL 33496	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 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: X Claude Campbell 4/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #