

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021571

Entity Name: ACREICERTIFICATION, LLC

FILED  
Apr 06, 2006  
Secretary of State

## Current Principal Place of Business:

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 US

## New Principal Place of Business:

## Current Mailing Address:

7380 SAND LAKE ROAD  
SUITE 500  
ORLANDO, FL 32819 US

## New Mailing Address:

FEI Number: 20-1153289

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEGALZOOM NEVADA, INC.  
44 W. FLAGLER ST.  
SUITE 675  
MIAMI, FL 33130 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: FLETCHER, JAMES  
Address: 7380 SAND LAKE ROAD SUITE 500  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM ( ) Delete  
Name: FLETCHER, MARLENE  
Address: 7380 SAND LAKE ROAD SUITE 500  
City-St-Zip: ORLANDO, FL 32819 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FLETCHER, JAMES  
Address: 7380 SAND LAKE ROAD SUITE 500  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM (X) Change ( ) Addition  
Name: FLETCHER, MARLENE  
Address: 7380 SAND LAKE ROAD SUITE 500  
City-St-Zip: ORLANDO, FL 32819 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: JIM FLETCHER

MGRM

04/06/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date