

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90228 042 \*\*\*\*50.00



**DOCUMENT # L04000063359**

1. Entity Name  
A&C CAPITAL INVESTMENTS, LLC

Principal Place of Business 2441 NW 43RD STREET 2A GAINESVILLE, FL 32606 US	Mailing Address 2441 NW 43RD STREET 2A GAINESVILLE, FL 32606 US
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2. Principal Place of Business - No P.O. Box # 101 Palm Harbor Parkway Suite, Apt. #, etc.	3. Mailing Address 101 Palm Harbor Parkway Suite, Apt. #, etc.
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02062007 Chg-LLC CR2E083 (12/06)

City & State Palm Coast, FL	City & State Palm Coast, FL	4. FEI Number 20-1546303	Applied For Not Applicable
Zip 32137	Country USA	Zip 32137	Country USA

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

6. Name and Address of Current Registered Agent

WARDLAW, STUART C  
2929 E COMMERCIAL BOULEVARD  
501  
FORT LAUDERDALE, FL 33308

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KLAUS, ALFREDO SR			NAME			
STREET ADDRESS	2441 NW 43RD STREET 2A			STREET ADDRESS	101 Palm Harbor Parkway		
CITY-ST-ZIP	GAINESVILLE, FL 32606			CITY-ST-ZIP	Palm Coast, FL 32137		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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: X *[Signature]* X 3-17-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #