


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	3. Mailing Address 101 Palm Harbor Parkway
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palm Coast, FL	City & State Palm Coast, FL
Zip 32137	Zip 32137
Country USA	Country USA



02062007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent WARDLAW, STUART C 2929 E COMMERCIAL BOULEVARD 501 FORT LAUDERDALE, FL 33308	
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4. FEI Number 20-1546303	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE 101 Palm Harbor Parkway	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KLAUS, ALFREDO SR		NAME Palm Coast, FL 32137	
STREET ADDRESS 2441 NW 43RD STREET 2A		STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE, FL 32606		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	
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 	X 3-17-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #