
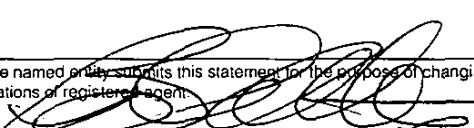
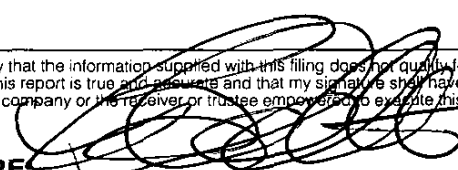


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90059 042 \*\*\*\*50.00

<b>DOCUMENT # L05000006795</b> 1. Entity Name <b>ACP OF FLORIDA, LLC</b>					
Principal Place of Business <b>7133 123 RD CIRCLE LARGO, FL 33773</b>			Mailing Address <b>7133 123 RD CIRCLE LARGO, FL 33773</b>		
2. Principal Place of Business <b>121 A E Morse Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 2369</b> Suite, Apt. #, etc.			
City & State <b>Winter Park FL</b>		City & State <b>Winter Park FL</b>		4. FEI Number <b>20-2251072</b>	
Zip <b>32789</b>	Country <b>USA</b>	Zip <b>32790</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>MCALLISTER, BRUCE D 7133 123RD CIRCLE LARGO, FL 33773</b>				7. Name and Address of New Registered Agent Name <b>Bruce D McAllister</b> Street Address (P.O. Box Number is Not Acceptable) <b>121-A E Morse Blvd</b> City <b>Winter Park</b> <b>FL</b> Zip Code <b>32789</b>	
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  DATE <b>4/27/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCALLISTER, BRUCE D 7133 123RD CIRCLE LARGO, FL 33773	<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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
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"/> 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 			DATE <b>4/27/06</b> DAYTIME PHONE # <b>407-599-4451</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					