

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90022 032 ****50.00

DOCUMENT # L05000023209

1. Entity Name

ACREAGE LLC



Principal Place of Business

329 WORTH AVENUE
ATTN: LYNDA M. DUNVILLE
PALM BEACH FL 33480

Mailing Address

329 WORTH AVENUE
ATTN: LYNDA M. DUNVILLE
PALM BEACH FL 33480



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

54-2168 778

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CRANE, ROBERT L ESQ
515 N. FLAGLER DRIVE #1800
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name Lynda M. Dunville

Street Address (P.O. Box Number is Not Acceptable)

5771 Dixie Bell Rd

City Palm Beach Gardens

FL

Zip Code 33418

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

Lynda M. Dunville

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-2-06

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE Manager MGR ☐ Delete
NAME Lynda Dunville
STREET ADDRESS 5771 Dixie Bell
CITY-ST-ZIP Palm Beach Gardens FL 33418

TITLE MGR ☐ Delete
NAME Russell Merriman
STREET ADDRESS 535 Brookside
CITY-ST-ZIP Ypsilanti MI 48197

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lynda M. Dunville

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-2-06

561-655-5774

Date

Daytime Phone #