

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023209

FILED
Jun 23, 2009
Secretary of State

Entity Name: ACREAGE LLC

Current Principal Place of Business:

329 WORTH AVENUE
ATTN: LYNDIA M. DUNVILLE
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

Current Mailing Address:

5771 DIXIE BELL RD
PALM BEACH GARDENS, FL 33418

New Mailing Address:

FEI Number: 54-2168778 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DUNVILLE, LYNDIA H
5771 DIXIE BELL RD
PALM BEACH GARDENS, FL 33418 US

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: MGR () Delete
Name: DUNVILLE, LINDA
Address: 5771 DIXIE BELL
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: MERRIMAN, RUSSELL
Address: 525 BROOKSIDE
City-St-Zip: YPSILANTI, MI 48197

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DUNVILLE, LYNDIA
Address: 5771 DIXIE BELL
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM (X) Change () Addition
Name: MERRIMAN, RUSSELL
Address: 535 BROOKSIDE
City-St-Zip: YPSILANTI, MI 48197

I hereby certify that the information supplied with this filing does not qualify 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: LYNDIA DUNVILLE

MGR

06/23/2009

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