


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

09-10-2007 90103 021 ****50.00

DOCUMENT # L06000015884 1. Entity Name ACN L.L.C.	
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Principal Place of Business 6431 SCOTT ST HOLLYWOOD, FL 33024 US	Mailing Address 6431 SCOTT ST HOLLYWOOD, FL 33024 US
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2. Principal Place of Business - No P.O. Box # 519 YELVINGTON AVENUE	3. Mailing Address 519 YELVINGTON AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CLEARWATER, FLORIDA	City & State CLEARWATER, FLORIDA	4. FEI Number 13-4321109	Applied For <input type="checkbox"/> Not Applicable
Zip 33756	Country PINELLAS	Zip 33756	Country PINELLAS

08262007 Chg-LLC CR2E083 (12/06)



6. Name and Address of Current Registered Agent ADLER, NAVA MS. 6431 SCOTT ST HOLLYWOOD, FL 33024	7. Name and Address of New Registered Agent Name NAVA ADLER Street Address (P.O. Box Number is Not Acceptable) 519 YELVINGTON AVENUE City CLEARWATER FL Zip Code 33756
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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.

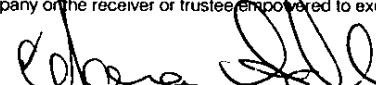
SIGNATURE:  DATE: AUGUST 29, 2007

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME ADLER, NAVA MS.	TITLE MGR	NAME NAVA ADLER
STREET ADDRESS 6431 SCOTT ST	CITY-ST-ZIP HOLLYWOOD, FL 33024	STREET ADDRESS 519 YELVINGTON AVENUE	CITY-ST-ZIP CLEARWATER, FLORIDA 33756
TITLE MGRM	NAME ADLER, AVI MR.	TITLE MGRM	NAME AVI ADLER
STREET ADDRESS 200 STARCREAST DR. #91	CITY-ST-ZIP CLEARWATER, FL 33765	STREET ADDRESS 519 YELVINGTON AVENUE	CITY-ST-ZIP CLEARWATER, FLORIDA 33756
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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:  DATE: AUGUST 29, 2007 DAYTIME PHONE #: 127-452-4877

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