2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000015884 **FILED** 1. Entity Name Sep 11, 2008 08:00 AM Secretary of State ACN L.L.C. Principal Place of Business Mailing Address **519 YELVINGTON AVE 519 YELVINGTON AVE** CLEARWATER, FL 33756 CLEARWATER, FL. 33756 US US 09062008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4321109 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent DO NOT WRITE ADLER, NAVA MS. 519 YELVINGTON AVE CLEARWATER, FL 33756 IN THIS SPACE 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 riame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 In accordance with s. 607.193(2)(b), F.S., the limited U00000959486 09/11/08-80002-003 138.75 Due by September 12, 2008 liability company did not receive the prior notice. MANAGING MEMBERS/MANAGERS TITLE ADLER, NAVA MS. NAME STREET ADDRESS **519 YELVINGTON AVE** CITY-ST-ZIP CLEARWATER, FL 33756 MGRM TITLE ADLER, AVI MR. NAME STREET ADDRESS 519 YELVINGTON AVE CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS C/TY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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.

SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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