#### **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER. N

## FILED Jun 12, 2007 8:00 am

05-01-2007 90334 017 \*\*\*\*50.00

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Daytime Phone #

# Secretary of State

DOCUMENT # L06000080302 1. Entity Name ACRES DEVELOPMENT, LLC 30010560 Mailing Address Principal Place of Business 1160 EAST HALLANDALE BEACH 1160 EAST HALLANDALE BEACH HALLANDALE, FL 33009 HALLANDALE, FL 33009 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05292007 Chg-LLC CR2E083 (12/06) 4. FE! Number 208 92131 City & State City & State Applied For Not Applicable Country Zip Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Ariel Bentata AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 350 E LAS OLAS BLVD STE 1600 FT LAUDERDALE, FL 33301 1160 East Hallandale Beach City Hallandale POOSE 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 in of agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by September 14, 2007 Make check pavable to Florida Department of State Managing Hember | Change Beacon Investment properties MANAGING MEMBERS/MANAGERS 9. 10. Hanaging Hember
Beacon Investment Properties LLC TITLE TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS Hallandale FI 33009 Hallandale FI 33009 CITY-ST-ZIP CITY-S1-7/P ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE THLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NAGER, OR AUTHORIZED REPRESENTATIVE

### 5/1/2007-90334-017-\$50.00-\$50.00

### 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # £06000080302  1. Entity Name ACRES DEVELOPMENT, £LC								ATTACHMENT				
Principal Place 1160 EAST H HALLANDALE	.E BEAG	CH	·	`	30010	560						
Principal Place of Business - No P.O. Box # 3. Mailing Address								V #110				
Suite, Apt.	#, etc.	•	Suite, Apt. #, etc.				04302007	Chg-LLC	CR2E083	(12/06)		
City & State			City & State				4. FEI Numb	921311			oplied For ot Applicable	
Zip	Žip Country		Zip	ntry	5. Certificate of Status Desired					ditional d		
		Name	Λ	1 0-	d Address of New R	egistered Ag	ent	<del>-</del>				
AMERICAI 350 E LAS		Street A	HI14	<u> </u>	OTOTO  Der is Not Acceptable	))						
FT LAUDE	RDALE, F	FL 33301			1160	160 East Hellandale Beach				·		
					City	Hall	landale FL 33			Zip Cod	ng	
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, Springly printed name of registered spent and life if applicable. (NOTE: Registered Apent significance required when reinsuring)  DATE												
Filing Fee in \$50.00 Due by May 1, 2007									e check pay Departmen		•	
9.	7	MANAGING MEMBE		10. 111L1		ıD -		ADDITIONS/		7.0	<b>N</b>	
TITLE Name	Properties LLC Properties LLC 160 East Hellandale Bach Hallan A 3300									] Change	Addition	
STREET ADDRESS CITY-ST-ZIP					Properties LLC SI-ZIP 160 Each Habrible Bear				Beach	الط	FI 33009	
TITLE RAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	•			-			Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP			☐ Delete						[	Change	Addition	
TITLE NAME STREET ADDRESS CHY-S1-ZIP			☐ Delete				-		C	Change	Addition	
THILE NAME STREET ADDRESS CHY-S1-ZIP			□ Delete							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-SI-UP			☐ Delete						C	Change	Addation	
11. Thereby certify that the information supplied with this fitting 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 fimilied liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING HEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Clayling Prome #												