


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90155 024 \*\*\*138.75

<b>DOCUMENT # L06000087526</b>		
1. Entity Name AC PROPERTIES 4, LLC		

Principal Place of Business 2500 WEST LAKE MARY BOULEVARD, SUITE 208 LAKE MARY, FL 32746	Mailing Address 2500 WEST LAKE MARY BOULEVARD, SUITE 208 LAKE MARY, FL 32746
--	--

50004627

2. Principal Place of Business - No P.O. Box # 720 EAST COLONIAL DRIVE	3. Mailing Address 720 EAST COLONIAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

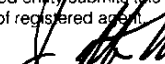


04032008 Chg-LLC --CR2E083 (12/06)

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 20-5532346	Applied For Not Applicable
Zip 32803	Country US	Zip 32803	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, JONATHAN 2500 WEST LAKE MARY BOULEVARD, SUITE 208 LAKE MARY, FL 32746		7. Name and Address of New Registered Agent Name MOORE, JONATHAN (same) -> agent Street Address (P.O. Box Number is Not Acceptable) 720 EAST COLONIAL DRIVE City ORLANDO FL Zip Code 32803	
---	--	---	--

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  Jonathan Moore DATE 4/15/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JONATHAN 2500 WEST LAKE MARY BOULEVARD, SUITE 208 LAKE MARY, FL 32746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JONATHAN 720 EAST COLONIAL DRIVE ORLANDO, FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  Jonathan Moore DATE 4/15/08 DAYTIME PHONE # 407-373-0930

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