

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119001

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** ACP PIEDMONT INVESTORS LLC

**Current Principal Place of Business:**

C/O AMERICAS CAPITAL PARTNERS, L.L.C.  
444 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

**New Principal Place of Business:**

444 BRICKELL AVE.  
SUITE 900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O AMERICAS CAPITAL PARTNERS, L.L.C.  
444 BRICKELL AVE., SUITE 900  
MIAMI, FL 33131

**New Mailing Address:**

444 BRICKELL AVE.  
SUITE 900  
MIAMI, FL 33131

**FEI Number:** 20-8050179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

LEGAGNEUR, NATHALIE  
444 BRICKELL AVENUE  
SUITE 900  
MIAMI, FL 33131 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: NATHALIE LEGAGNEUR

03/20/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ACP PIEDMONT LLC,  
Address: 444 BRICKELL AVENUE, SUITE 900  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALLEN C. DE OLAZARRA

MGRM

03/20/2007

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