

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001035

Entity Name: AC APARTMENTS LLC

FILED
Jun 15, 2009
Secretary of State

Current Principal Place of Business:

1960 N.E. 3 STREET
DEERFIELD BEACH, FL 33441

New Principal Place of Business:

Current Mailing Address:

364 S.E. 18 AVENUE
DEERFIELD BEACH, FL 33441

New Mailing Address:

FEI Number: 26-0292888 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ANNA, CIPRIANO
364 S.E. 18 AVENUE
DEERFIELD BEACH, FL 33441 US

Name and Address of New Registered Agent:

CIPRIANO, ANNA
364 S.E. 18 AVENUE
DEERFIELD BEACH, FL 33441 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: ANNA CIPRIANO

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CIPRIANO, ANNA
Address: 364 S.E. 18 AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33441

Title: MGR () Delete
Name: CIPRIANO, ANIELLO
Address: 364 SE 18TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: CIPRIANO, ANIELLO
Address: 364 S.E. 18TH AVE.
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify 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: ANNA CIPRIANO

MGRM

06/15/2009

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