


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-18-2008 90155 025 ***138.75

DOCUMENT # L07000006372	
1. Entity Name AC PROPERTIES 2, LLC	

Principal Place of Business 2500 WEST LAKE MARY BLVD., SUITE 208 LAKE MARY, FL 32746	Mailing Address 2500 WEST LAKE MARY BLVD., SUITE 208 LAKE MARY, FL 32746
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50004626

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 20-8263154	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 BLVD., 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	
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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 name of registered agent and title if applicable.	Jonathan Moore DATE 4/15/08 (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MOORE, JONATHAN 2500 WEST LAKE MARY BLVD., 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
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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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Jonathan Moore Date 4/15/08	407-373-0930 Daytime Phone #
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