FILED
Jun 09, 2008 8:00 am
Secretary of State
05-01-2008 90035 044 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

DOCUMENT # L07000073255

1. Entity Name
ACP PROPERTY HOLDINGS LLC

30000545

Principal Place of Business	Mailing Address
444 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131	444 BRICKELL AVENUE, SUITE 900 MIAMI, FL 33131
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

02152008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-0555796 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEGAGNUER, NATHALIE
444 BRICKELL AVENUE, SUITE 900
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Jude M. Williams
444 Brickell Avenue Suite 900
Miami, FL 33131

FL Zip Code

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] DATE 02-21-08

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 $638.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Allen C. de Olazarra 444 Brickell Avenue, Suite 900 Miami, FL 33131 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] (Authorized Representative) 02/28/08 305-995-9998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #