

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106457

FILED
Feb 11, 2008
Secretary of State

Entity Name: AC FCI, LLC.

Current Principal Place of Business:

20899 NW 17TH STREET
PEMBROKE PINES, FL 33029 US

New Principal Place of Business:

2201 NW 27TH AVE
MIAMI, FL 33142 US

Current Mailing Address:

20899 NW 17TH STREET
PEMBROKE PINES, FL 33029 US

New Mailing Address:

2201 NW 27TH AVE
BACK OFFICE
MIAMI, FL 33142 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CABRERA, WILLIAM
20899 NW 17TH STREET
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

CABRERA, WILLIAM
2201 NW 27TH AVE
MIAMI, FL 33142 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: WILLIAM CABRERA

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: CABRERA, ANNA V
Address: 20899 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: MGR () Delete
Name: CABRERA, WILLIAM
Address: 20899 NW 17TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029 US

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: CABRERA, ANNA V
Address: 2201NW 27TH AVE
City-St-Zip: MIAMI, FL 33142 US

Title: MGR (X) Change () Addition
Name: CABRERA, WILLIAM
Address: 2201 NW 27TH AVE
City-St-Zip: MIAMI, FL 33142 US

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: WILLIAM CABRERA

MGR

02/11/2008

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