

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILED

98 MAR -9 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10

FILING FEE	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L97000000325 ACS CAPITAL LC 226-5 226-5 SOLANA ROAD SUITE 192 PONTE VEDRA FL 32082	
---	--

1a. Principal Place of Business Address 3068 CYPRESS CREEK DR NORTH PONTE VEDRA FL 32082
--

2. Principal Place of Business 3068 CYPRESS CREEK DR Suite, Apt. #, etc.	2a. Mailing Address 226-5 SOLANA RD Suite, Apt. #, etc. 192	3. Date Organized or Qualified 03/13/1997	3a. State of Formation FL
City & State PONTE VEDRA Zip FL 32082	City & State PONTE VEDRA FL Zip 32082	4. FEI Number 593433076	6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required

7. Name and Address of Current Registered Agent UGLES, BRETT 3068 CYPRESS CREEK DR. NORTH PONTE VEDRA FL 32082	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
---	---

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	UGLES, BRETT	3068 CYPRESS CREEK DR NORTH	PONTE VEDRA FL
MEM	UGLES, LISA	3068 CYPRESS CREEK DR NORTH	PONTE VEDRA FL

100002454691--2
 -03/12/98--01007--019
 *****188.75 *****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Brett S. UGLES DATE: 3/6/98 DAYTIME PHONE: 904 280 4464
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER