


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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 98 MAR -9 AM 9:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA <i>2/3/10</i>	
<b>FILING FEE</b> \$ 188.75		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L97000000325		1a. Principal Place of Business Address	
226-5 ACS CAPITAL LC 226-5 SOLANA ROAD SUITE 192 PONTE VEDRA FL 32082				3068 CYPRESS CREEK DR NORTH PONTE VEDRA FL 32082	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
3068 CYPRESS CREEK DR		226-5 SOLANA RD		03/13/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. State of Formation	
		192		FL	
City & State		City & State		4. FEI Number	
PONTE VEDRA		PONTE VEDRA FL		593433076	
Zip		Zip		5. Date of Last Report	
FL 32082		32082		6. Certificate of Status Desired	
Country		Country		SB 75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
UGLES, BRETT 3068 CYPRESS CREEK DR. NORTH PONTE VEDRA FL 32082		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		City			
		FL			
		Zip Code			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>					
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	
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

3/6/98 904 280 4464

Date Daytime Phone #