

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001849

1. Entity Name
AAA ACE HOME BUYERS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAR -9 AM 9:09

Principal Place of Business
132 MAGNOLIA BLUFF AVENUE
JACKSONVILLE FL 32211

Mailing Address
132 MAGNOLIA BLUFF AVENUE
JACKSONVILLE FL 32211



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3536941

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NAPIER, EUGENE
132 MAGNOLIA BLUFF AVENUE
JACKSONVILLE FL 32211

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NAPIER, EUGENE
132 MAGNOLIA BLUFF AVENUE
JACKSONVILLE FL 32211

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
cus

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
NAPIER, ALISTAIR P
132 MAGNOLIA BLUFF AVENUE
JACKSONVILLE FL 32211

Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
700003851537-8
03/13/01-01126-004
*****55.00 *****55.00

Change Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

Eugene Napier (Eugene Napier)

3/07/01 (904)725-4443

CR2E083 (11/00)