## 2007 LIMITED LIABILITY COMPANY - ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** Jan 22, 2007 08:00 AM DOCUMENT # L99000004307 1. Entity Name Secretary of State ACC PROPERTIES, LLC Principal Place of Business Mailing Address 1400 NW 65 PLACE FT. LAUDERDALE FL 33309 1400 NW 65 PLACE FT. LAUDERDALE FL 33309 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, otc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & Stato 4. FEI Number Applied For 65-0942320 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo DIAMOND, BARRY A 9728 WEST SAMPLE ROAD Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 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, lyped or printed name of registered agent and little it applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Change Addition TITLE Delete mil MGR STEINBOK, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 5855 NW 35 WAY CHY+ST- AP CHY- \$1- ZIP **BOCA RATON FL 33351** Change ■ Addition HIIL Delete Hilli NAME NAME STREET ADDRESS STREET LADDRESS CUTY - ST- 7IP CHY-S1-ZIP IIIII Delete IIII Change ☐ Addition NAME NAMI STRLE LADDRESS STREET ADDRESS CITY ST-ZIP CHY-SI-7I₽ ☐ Defete ☐ Change Addition TITLE NAM STREET ADDRESS STRUET ADDRESS CHY-ST-7P CHY-SI-7IP Addition ☐ Defete ☐ Change titt. IIIU. NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - AIP CITY-ST-7IP ☐ Defete Change ■ Addition NAM! NAMI STREET ADDRESS STREET ADDRESS CtTY-ST-7IP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/19/07