LIMITED LIABILITY COMPANY · UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900004307

1. Entity Name



L99000004307

ACC PR	OPERTIES, LLC			SECKETARY OF STALLAHASSEE FL	STATE ORIDA
2. Principal	DO NOT WRITE Place of Business JW 65 Che &	IN THIS SP. 3. Mailing Address		4/9	MJH
Suite, Apt		Suite, Apt. #, etc.		08/27/03: 900	IN THIS SPACE \$55.00
	WOERDME FL	City & State	DALE FL	4. FEI Nulmber 1 65-09+2320	Applied For Not Applicable
Zip ろろ304	Country————————————————————————————————————	^{Zip} 333309	Country	5. Certificate of Status Desired	\$5.00 Additional Fee Required
				7. Name and Address of Current R	egistered Agent
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) 9728 W. Sample Road		
	IN THIS SP		Street Address (F	?O. Box Number is Not Acceptable)	OND
				<u> </u>	
				- SPRINGS	FL Zip Code 33 06 s
' the obligat	named entity submits this statement for tions of registered agent.	he purpose of changing its re	egistered office or register	ant, or both, in the State of Florid	ta. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and	Total (production			PAYE
या ।	organical, appear or princes remain or reposition again the	Established A.	055 5		_ LATE
		Make Check Payable	orida Departmen	lo/Slate	
9.	MANAGING MEMBER				
TITLE NAME	MGR. HARRY STEINBUK	4	TITLE 3		(12/02)
STREET ADDRESS CITY-ST-ZIP	5835 NW 35 W		STREET ANDRESS: City: St. Zip		
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CITY-ST-ZIP		ST. A THEORY &	STREET ADDRESS		
11. I hereby condicated	ertify that the information supplied with th on this report is true and accurate and the	is filing does not qualify for that my signature shall have the	e exemption stated in Sect same legal effect as if mai	ion 119.07(3)(i), Florida Statutes: I fur de under oath; that I am a managing	ther certify that the information member or manager of the