2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000007469

1. Entity Name
ACRES & SON LEASING, LLC

Principal Place of Business	Mailing Address
1911 SEWARD AVE., #3 NAPLES, FL 34109	1911 SEWARD AVE., #3 NAPLES, FL 34109

DO NOT WRITE IN THIS SPACE

03292006No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3608527
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

PAULICH, JOHN III
801 ANCHOR RODE DRIVE
SUITE 203
NAPLES, FL 34103

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	ACRES, RANDY M
STREET ADDRESS	425 15TH AVE S
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGRM
NAME	ACRES, SANDRA E
STREET ADDRESS	425 15TH AVE S
CITY-ST-ZIP	NAPLES, FL 34102
TITLE	MGR
NAME	ACRES, ROCHELLE
STREET ADDRESS	3350 CROWN POINTE BLVD. N. #202
CITY-ST-ZIP	NAPLES, FL 34112
TITLE	MGR
NAME	ACRES-HATCH, RENE
STREET ADDRESS	3431 3RD AVENUE NW
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	MGR
NAME	FARNSWORTH, NANCY P
STREET ADDRESS	7818 EMERALD CIRCLE, #202
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	MGR
NAME	BOWLING, RONALD L
STREET ADDRESS	6196 WOODSTONE DRIVE
CITY-ST-ZIP	NAPLES, FL 34112

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04/13/06-60019-004 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 605, Florida Statutes.

SIGNATURE: NANCY P. FARNSWORTH 3/29/2006 239-592-503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #