

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90008 007 ****55.00

DOCUMENT # L99000009395

1. Entity Name

ACREE PROPERTIES, L.L.C.



Principal Place of Business

1035 NORTH WOODLAND BOULEVARD
DELAND FL 32720

Mailing Address

P.O. BOX 166
DELAND FL 32721



2. Principal Place of Business

1035 N. Woodland Blvd. PO Box 166

3. Mailing Address

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

DeLand, FL

City & State

DeLand, FL

4. FEI Number

59-3666541

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ACREE, WALTER M III
1035 N. WOODLAND BOULEVARD
DELAND FL 32720

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen M. Acree

(NOTE: Registered Agent signature required when reinstating)

8/16/06

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By September 6, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE MGR
NAME ACREE, WALTER M III
STREET ADDRESS 1035 N. WOODLAND BOULEVARD
CITY - ST - ZIP DELAND FL 32720 ☐ Delete

TITLE MGRM
NAME ACREE, KAREN
STREET ADDRESS 1035 N. WOODLAND BOULEVARD
CITY - ST - ZIP DELAND FL 32720 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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 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 608, Florida Statutes.

SIGNATURE:

Karen M. Acree

Karen M. Acree

8/16/06

386-822-

4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #