

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC -3 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # MG1000001933

1. Entity Name

Acrusoft, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

10845 N.W. 29th Street

Suite, Apt. #, etc.

3. Mailing Address

5640 Departure Drive

Suite, Apt. #, etc.

*Attn: W. Glenn Robbins

City & State

Miami, FL

City & State

Raleigh, NC

4. FE Number

56-2145311

Applied For

Not Applicable

Zip

33172

Country

USA

Zip

27616

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

W. Glenn Robbins

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

Acrusoft, LLC

10845 N.W. 29th Street

City

Miami

Zip Code

33172

**DO NOT WRITE
IN THIS SPACE**

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

W. Glenn Robbins (MGR)

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

DATE

12-1-03

9. MANAGING MEMBERS/MANAGERS

TITLE

Manager (MGR)

NAME

W. Glenn Robbins

STREET ADDRESS

Acrusoft, 5640 Departure Dr

CITY - ST - ZIP

Raleigh, NC 27616

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

700025174187

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TITLE

Manager (MGR)

NAME

Fernando Loret de Mala

STREET ADDRESS

Acrusoft, de Mexico, S. de R.L. de C.V.

CITY - ST - ZIP

Calle 29 No. 496 Entre 564 56A

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

Col. Itzimna, 97130 Mexico, Yuc.

NAME

Mexico

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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CITY - ST - ZIP

REINSTATEMENT 2002-2003

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.

W. Glenn Robbins is 12-1-03 (919)872-5800

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

Date

Daytime Phone # 24-121

CR2E083B (12/02)