


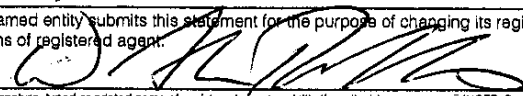
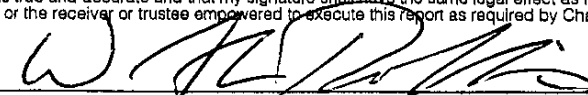
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90008 043 ****55.00

20002858



DOCUMENT # M01000001933			
1. Entity Name ACROSOFT LIMITED LIABILITY COMPANY			
Principal Place of Business 10845 N.W. 29TH STREET MIAMI, FL 33172		Mailing Address 5640 DEPARTURE DRIVE ATTN: W. GLENN ROBBINS RALEIGH, NC 27616	
2. Principal Place of Business 10800 NW 21 St.		3. Mailing Address	
Suite, Apt. #, etc. Suite 130		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33172	Country USA	Zip	Country
4. FEI Number 56-2145311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		01062005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent W. GLENN ROBBINS 10845 N.W. 29TH STREET MIAMI, FL 33172		7. Name and Address of New Registered Agent Name W. Glenn Robbins, Jr. Street Address (P.O. Box Number is Not Acceptable) 10800 NW 21 St. Suite 130 City Miami FL Zip 33172	
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 		DATE 1/10/05	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. GLENN ROBBINS 5640 DEPARTURE DRIVE RALEIGH, NC 27616 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FERNANDO LARET DE MOLA CAILE 29 NO. 496 ENTRE 56 Y 56A COL ITZIMNA, 97130 MERIDA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Fernando Loret de Mola Periferico Norte Km 30.5 Santa Gertrudis Copo C. P. 97110 Meridia, Yuc., Mexico <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 		DATE: 1/10/05 (919) 872-5800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	