2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

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

DOCUMENT # M0100002523

1. Entity Name



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90213 035 ****50.00

Daytime Phone #

Principal Place of Business 1007 N PEDERAL HWY #188 FORT LUDEPOLE PL 33304 2. Periopial Place of Business 2. Mailing Address 2. Mailing Address 2. Periopial Place of Business 3. Mailing Address 3. Mailing Address 3. Mailing Address 3. Mailing Address 4. PELNumber 51-0308005 Applicable Place Applicable Place Applicable Place Applicable Place Applicable Place Applicable Place Pl	AC & D, L	LLC										
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OTWIN, SCHAIRER 1007 N FEDERAL HWY #189 FORT LAUDERDALE FL 33304 City FL Zip Code		6. Name	and Address of Curren	nt Regis	stered Agent			7. Name a	nd Address of New Reg	istered A	gent	
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FILE NOW!!! FEE IS \$0.00 Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS TITLE OTVIN, SCHAIRER 1007 N FEDERAL HWY #189 FT LAUDERDALE FI TITLE NAME SIREET ADDRESS OTY-ST-2P TITLE SITE ADDRESS OTY-ST-2P TIT				for the p	purpose of changing if	ts register	ed office or register	ed agent, or t	ooth, in the State of Florid	ta. I am fa	amiliar with	, and accept
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11. I hereby certify that the information supplied with this filling does not coalify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP			_		enry	ST-ZIP					
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