

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

2004 SEP -9 A 10: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07092004 No Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DOCUMENT # M03000004282

1. Entity Name  
ACR MANAGEMENT COMPANY, LLC



Principal Place of Business  
2875 SOUTH OCEAN BLVD., STE 200-29  
PALM BEACH, FL 33480

Mailing Address  
2875 SOUTH OCEAN BLVD., STE 200-29  
PALM BEACH, FL 33480

**DO NOT WRITE IN THIS SPACE**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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 September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR AVERETT, JOHN 2875 SOUTH OCEAN BLVD., STE 200-29 PALM BEACH, FL 33480
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09/29/04--01058--005 \*\*400.00

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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.

SIGNATURE: \_\_\_\_\_

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

9-7-04 205-798-7766

Date

Daytime Phone #