

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024997

FILED
Apr 06, 2007
Secretary of State

Entity Name: ACV CONFERENCE SERVICES, L.L.C.

Current Principal Place of Business:

11057 COUNTY ROAD 136
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4320
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 54-2118735 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOXLEY, JOHN
2320 NE 2ND STREET, STE 4
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHURCHILL, DONALD
Address: 447 COURTNEY CIRCLE
City-St-Zip: SUGAR GROVE, IL 60554

Title: MGR () Delete
Name: HORNE, CLAYDELL
Address: 12479 COUNTRY ROAD 49
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: CARTER, JERRY
Address: 10229 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: CRAFT, CHARLES
Address: 3109 LANTERN WAY
City-St-Zip: WILMINGTON, NC 28409

Title: MGR () Delete
Name: DENIUS, LARRY
Address: 203 BUCKHORN
City-St-Zip: CLIFTON FORGE, VA 24422

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: THOMAS, RON
Address: 14601 ALBEMARLE ROAD
City-St-Zip: CHARLOTTE, NC 28227

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DENIUS, LARRY
Address: 4791 NICELYTOWN ROAD
City-St-Zip: CLIFTON FORGE, VA 24422

Title: MGR () Change (X) Addition
Name: FLORENCE, PEYTON
Address: 23367 RIVER BIRCH LANE
City-St-Zip: LIVE OAK, FL 32060

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CLAYDELL HORNE

MGR

04/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date