2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L03000024997

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:

11057 DOWLING PARK DRIVE
LIVE OAK, FL 32060

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:	SPEARMAN, MOLLY	
Address:	651 BRUSHY FORK ROAD	
City-St-Zip:	SALUDA, SC 29138 US	
Title:	MGR	( ) Delete
Name:	HORNE, CLAYDELL	
Address:	12479 COUNTRY ROAD 49	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	MGR	( ) Delete
Name:	THOMAS, RON	
Address:	14601 ALBEMARLE ROAD	
City-St-Zip:	CHARLOTTE, NC 28227	
Title:	MGR	( ) Delete
Name:	CRAFT, CHARLES	
Address:	3109 LANTERN WAY	
City-St-Zip:	WILMINGTON, NC 28409	
Title:	MGR	( ) Delete
Name:	DENIUS, LARRY	
Address:	4791 NICELYTOWN ROAD	
City-St-Zip:	CLIFTON FORGE, VA 24422	
Title:	MGR	( ) Delete
Name:	FLORENCE, PEYTON	
Address:	23367 RIVER BIRCH LANE	
City-St-Zip:	LIVE OAK, FL 32060	

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify 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 04/16/2009

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