

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024999

FILED  
Mar 21, 2006  
Secretary of State

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

**Current Principal Place of Business:**

10680 COUNTY ROAD 136  
LIVE OAK, FL 32060

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4307  
DOWLING PARK, FL 32064

**New Mailing Address:**

FEI Number: 54-2118743      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: DAVIS, JAMES E  
Address: 2074 CENTRE POINTE BLVD., SUITE 100  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR ( ) Delete  
Name: DUGGAR, MARGARET LYNN  
Address: 1018 THOMASVILLE ROAD, STE 110  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete  
Name: ERB, KENNETH  
Address: 23360 MEADOW VIEW DRIVE  
City-St-Zip: LIVE OAK, FL 32060

Title: MGR ( ) Delete  
Name: NICKERSON, W C  
Address: 10439 CR 136  
City-St-Zip: LIVE OAK, FL 32060

Title: MGR ( ) Delete  
Name: DODGE, KEN  
Address: 120 LEDGEWOOD ROAD  
City-St-Zip: MANCHESTER, NH 03104

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DAVIS, JIM  
Address: 3848 KILLEARN CT.  
City-St-Zip: TALLAHASSEE, FL 32309

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: MGR ( ) Change (X) Addition  
Name: DEAN, DWIGHT  
Address: 496 ASH DRIVE  
City-St-Zip: WINDSOR LOCKS, CT 06096

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: W.C. NICKERSON

MGR

03/21/2006

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