


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90003 020 \*\*\*\*50.00

<b>DOCUMENT # L04000064890</b> 1. Entity Name <b>ACM INVESTMENTS, LLC</b>			
Principal Place of Business <b>2656 SW RIVER SHORE DRIVE                  PORT ST. LUCIE, FL 34984</b>		Mailing Address <b>2656 SW RIVER SHORE DRIVE                  PORT ST. LUCIE, FL 34984</b>	
2. Principal Place of Business <b>2656 Sw River Shore Dr</b>		3. Mailing Address <b>← Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Port St. Lucie, FL</b>		City & State	
Zip <b>34984</b>		Country <b>USA</b>	
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>NAVARETTA, STEPHEN                  1100 SW ST. LUCIE WEST BLVD                  203                  PORT ST. LUCIE, FL 34986</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$50.00                  Due by September 7, 2005</b>		<b>Make check payable to                  Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NADALIN, MARGERY A	NAME	
STREET ADDRESS	2656 SW RIVER SHORE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NADALIN, ANDREW V	NAME	
STREET ADDRESS	2656 SW RIVER SHORE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984	CITY - ST - ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	NADALIN, CHARLENE	NAME	
STREET ADDRESS	2656 SW RIVER SHORE DRIVE	STREET ADDRESS	
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984	CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <u>M. Nadalin</u>		Date: <u>7-1-05</u> Daytime Phone #: <u>772-878-7480</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			