

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002458

Entity Name: ACMG, LLC

FILED
Feb 28, 2005
Secretary of State

Current Principal Place of Business:

1215 VIA LUGANO
WINTER PARK, FL 32789

New Principal Place of Business:

627 DUNBLANE DRIVE
WINTER PARK, FL 32792

Current Mailing Address:

1215 VIA LUGANO
WINTER PARK, FL 32789

New Mailing Address:

627 DUNBLANE DRIVE
WINTER PARK, FL 32792

FEI Number: 20-0097322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSEN, JAMES M.D.
1215 VIA LUGANO
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

CARLSEN, JAMES M.D.
627 DUNBLANE DRIVE
WINTER PARK, FL 32792 US

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:

02/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: CARLSEN, JAMES M.D.
Address: 1215 VIA LUGANO
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: CARLSEN, KAREN P
Address: 1215 VIA LUGANO
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARLSEN, JAMES M.D.
Address: 627 DUNBLANE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGR (X) Change () Addition
Name: CARLSEN, KAREN P
Address: 627 DUNBLANE DRIVE
City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KAREN P CARLSEN

MGR

02/28/2005

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