

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002458

FILED
Apr 22, 2006
Secretary of State

Entity Name: ACMG, LLC

Current Principal Place of Business:

627 DUNBLANE DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

1958 COMMON WAY ROAD
ORLANDO, FL 32814

Current Mailing Address:

627 DUNBLANE DRIVE
WINTER PARK, FL 32792

New Mailing Address:

1958 COMMON WAY ROAD
ORLANDO, FL 32814

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.
627 DUNBLANE DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

CARLSEN, JAMES M.D.
1958 COMMON WAY ROAD
ORLANDO, FL 32814 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:

04/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARLSEN, JAMES M.D.
Address: 1958 COMMON WAY ROAD
City-St-Zip: ORLANDO, FL 32814

Title: MGR (X) Change () Addition
Name: CARLSEN, KAREN P
Address: 1958 COMMON WAY ROAD
City-St-Zip: ORLANDO, FL 32814

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: KAREN CARLSEN

MGR

04/22/2006

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