

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001920

Entity Name: A.C.M. CAPITAL, LLC

FILED  
Apr 26, 2005  
Secretary of State

**Current Principal Place of Business:**

1717 NORTH BAYSHORE DR.  
STE 130  
MIAMI, FL 33132

**New Principal Place of Business:**

**Current Mailing Address:**

1717 NORTH BAYSHORE DR.  
STE 130  
MIAMI, FL 33132

**New Mailing Address:**

FEI Number: 65-0984549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MAKHORIN, ALEXANDER  
310 SE MIZNER BLVD  
# 1001  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

MAKHORINE, ALEXANDER  
1717 N.BAYSHORE DR  
SUITE 130  
MIAMI, FL 33132 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: A.MAKHORINE

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: P ( ) Delete  
Name: MALCHORIN, ALEXANDER  
Address: 1717 NORTH BAYSHORE DR., STE. 130  
City-St-Zip: MIAMI, FL 33132

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MAKHORINE, ALEXANDER  
Address: 1717 NORTH BAYSHORE DR., STE. 130  
City-St-Zip: MIAMI, FL 33132

Title: MGR ( ) Change (X) Addition  
Name: EPELSHTEYN, YURY  
Address: 1717 N.BAYSHORE DR  
City-St-Zip: MIAMI, FL 33132

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: A.MAKHORINE

MGR

04/26/2005

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