

2002 UNIFORM BUSINESS REPORT (UBR)

5/2/

5/22/2002-90207-01

DOCUMENT # LO100000892

1. Entity Name
ACM, LLC

Principal Place of Business Mailing Address
860 WEST BAY HARBOR DR **860 WEST BAY HARBOR DR**
BAY HARBOR ISLAND FL 33154 **BAY HARBOR ISLAND FL 33154**

9660 W. Bay Harbor Dr. 9660 W. Bay Harbor Dr.
 Suite, Apt. #, etc. Suite, Apt. #, etc.
2C **2C**

City & State City & State
Bay Harbor Islands **Bay Harbor Islands**

Zip Country Zip Country
33154 **Dade** **33154** **Dade**

4. FEI Number Applied For
65-1069282 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
JACKINSEY, MARY LAURA
860 WEST BAY HARBOR DR
BAY HARBOR ISLAND FL 33154

7. Name and Address of New Registered Agent
 Name: **Allyn C. McKinney**
 Street Address (P.O. Box Number is Not Acceptable):
9660 West Bay Harbor Dr #2C
Bay Harbor Islands
 City: **FL 33154**

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.

SIGNATURE: *Allyn C. McKinney* DATE: **4/16/02**

FILE NOW!!! FEE IS \$60.00
 Make Check Payable to Department of State
 Due By May 1, 2002

B. MANAGING MEMBERS/MANAGERS		C. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Allyn C McKinney 9660 W. Bay Harbor Dr #2C Bay Harbor Islands FL 33154	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Mgrm
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Allyn C. McKinney* DATE: **4/16/02**

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DO NOT WRITE IN THIS SPACE

CHANGES (901)