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9/21/2004-90039-043-\$50.00-\$50.00

## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 OCT 19 PM 3: 01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
**24085758**



<b>DOCUMENT # L01000000892</b>					
1. Entity Name <b>ACM, LLC</b>					
Principal Place of Business <b>9660 WEST BAY HARBOR DR # 2C BAY HARBOR ISLAND, FL 33154</b>			Mailing Address <b>9660 WEST BAY HARBOR DR # 2C BAY HARBOR ISLAND, FL 33154</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MCKINNEY, ALLYN C</b> <b>9660 WEST BAY HARBOR DR</b> <b># 2C</b> <b>BAY HARBOR ISLAND, FL 33154</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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 reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by September 8, 2004.</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINNEY, ALLYN C 9660 W BAY HARBOR DR # 2C BAY HARBOR, FL 33154	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP HERRUP, BECKY 13899 BISCAYNE BLVD STE 318 MIAMI, FL 33181	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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:				Date: <b>9/8/04</b> 305-864-6059	
SIGNATURE AND EITHER PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					