


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2006 08:00 A
Secretary of State

DOCUMENT # L01000000892 1. Entity Name ACM, LLC	
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Principal Place of Business 9660 WEST BAY HARBOR DR # 2C BAY HARBOR ISLAND, FL 33154	Mailing Address 9660 WEST BAY HARBOR DR # 2C BAY HARBOR ISLAND, FL 33154
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01192006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1069282	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCKINNEY, ALLYN C 9660 WEST BAY HARBOR DR # 2C BAY HARBOR ISLAND, FL 33154
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**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

1400000509353
04/28/06-80036-021 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKINNEY, ALLYN C 9660 W BAY HARBOR DR # 2C BAY HARBOR, FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HERRUP, BECKY P.O. BOX 54-7091 SURFSIDE, FL 331547091
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #