


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 04, 2007 8:00 am
Secretary of State

09-04-2007 90084 022 ****50.00

DOCUMENT # L0100000892

1. Entity Name
ACM, LLC



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**

60055476



07022007 No 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**

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:  8/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

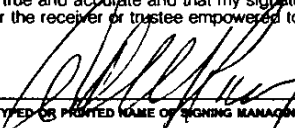
**Filing Fee is \$50.00
 Due by September 14, 2007**

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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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:  8/5/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #