2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000017334

Entity Name

ADVERTISING & COMMUNICATIONS ASSOCIATES, LLC



Principal Place of Business Mailing Address

6465 N QUAIL HOLLOW RD STE 400 MEMPHIS, TN 38120

6465 N QUAIL HOLLOW RD STE 400 MEMPHIS, TN 38120 FILED
May 05, 2005 08:00 AM
Secretary of State



04272005 No Chg-LLC

CR2E083 (10/03)

 4. FEI Number
 Applied For

 58-2656608
 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L 500 S FLORIDA AVE #800 LAKELAND, FL 33801

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	named entity submits this statement for the purpose of chan- ions of registered agent	ging its registered office or registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2005		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRAMMELL, CHARLES S JR. 6465 N QUAIL HOLLOW RD MEMPHIS, TN 38120		U00000363024 05/05/05-80143-003 50.00
NAME STREET AODRESS CITY ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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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: _

CITY-ST-7IP

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

Charles Trammell Apr. 27, 2005 901-794-2598

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