


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L01000017334 1. Entity Name ADVERTISING & COMMUNICATIONS ASSOCIATES, LLC	
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Principal Place of Business 6465 N QUAIL HOLLOW RD STE 400 MEMPHIS, TN 38120	Mailing Address 6465 N QUAIL HOLLOW RD STE 400 MEMPHIS, TN 38120
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DO NOT WRITE IN THIS SPACE



04202008No Chg-LLC CR2E083 (12/07)

4. FEI Number 58-2656608	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

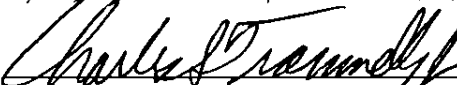
9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TRAMMELL, CHARLES S JR.
STREET ADDRESS	6465 N QUAIL HOLLOW RD
CITY-ST-ZIP	MEMPHIS, TN 38120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000921753  
05/15/08-80018-019 138.75

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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:**  Charles Trammell, Jr. Apr. 21, 2008 (901) 794-2598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #