

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000006932

FILED
May 13, 2007
Secretary of State**Entity Name:** ACTS542, LLC**Current Principal Place of Business:**1 RYMM PLACE
PALM COAST, FL 32164 US**New Principal Place of Business:****Current Mailing Address:**1 RYMM PLACE
PALM COAST, FL 32164 US**New Mailing Address:****FEI Number:** 13-4261841 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**NOBILE, STEVEN E
1 RYMM PLACE
PALM COAST, FL 32164 US**Name and Address of New Registered Agent:**NOBILE, ANGELA
1 RYMM PLACE
PALM COAST, FL 32164 US

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.

SIGNATURE: ANGELA NOBILE

05/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGRM () Delete
Name: NOBILE, STEVEN E
Address: 1 RYMM PLACE
City-St-Zip: PALM COAST, FL 32164 US**Title:** MGRM (X) Delete
Name: NOBILE, ANGELA
Address: 1 RYMM PLACE
City-St-Zip: PALM COAST, FL 32164 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change () Addition
Name: NOBILE, ANGELA
Address: 1 RYMM PLACE
City-St-Zip: PALM COAST, FL 32164 US**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANGELA NOBILE

MGRM

05/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date