2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024994

Entity Name: ACV COMMUNITY SERVICES, L.L.C.

ALBUQUERQUE, NM 87107

City-St-Zip:

FILED Mar 10, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10676 MARVIN JONES BLVD LIVE OAK, FL 32060 **Current Mailing Address: New Mailing Address:** P.O. BOX 4551 DOWLING PARK, FL 32064 FEI Number: 54-2118733 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOXLEY, JOHN 2320 NE 2ND STREET, STE 4 OCALA, FL 34470 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CARANASOS, GEORGE J Name: Name: 2606 NW 27TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32605 City-St-Zip: Title: MGR () Delete Title: MGR (X) Change () Addition Name: DAVIS, JIM Name: DEAN, DWIGHT Address: 2074 CENTRE POINTE BLVD., SUITE 100 Address: 496 ASH DRIVE City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: WINDSOR LOCKS, CT 06096 Title: MGR () Delete Title: () Change () Addition KENNON, TOM Name: Name: Address: 3507 CR 136 Address: City-St-Zip: LIVE OAK, FL 32060 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DUGGAR, MARGARET LYNN Name: Address: 1018 THOMASVILLE ROAD, SUITE 110 Address: City-St-Zip: TALLAHASSEE, FL 32303 City-St-Zip: Title: MGR () Delete Title: () Change () Addition FENLASON, JOHN Name: Name: 8451 135TH AVE., SE Address: Address: City-St-Zip: NEWCASTLE, WA 98059 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH. HOWARD Name: Name: Address: 905 LOS PRADOS DE GUADALUPE DR., NW Address:

I hereby certify that the information supplied with this filing does not qualify for the 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.

City-St-Zip:

SIGNATURE: MARGARET LYNN DUGGAR MGR 03/10/2006