2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007
Secretary of State

DOCUMENT# L03000024994

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

Current Principal Place of Business:

10676 MARVIN JONES BLVD
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4551
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 54-2118733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MOXLEY, JOHN
2320 NE 2ND STREET, STE 4
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Title:	MGR ( ) Delete	
Name:	CARANASOS, GEORGE J	
Address:	2606 NW 27TH TERRACE	
City-St-Zip:	GAINESVILLE, FL 32605	
Title:	MGR ( ) Delete	
Name:	DEAN, DWIGHT	
Address:	496 ASH DRIVE	
City-St-Zip:	WINDSOR LOCKS, CT 06096	
Title:	MGR ( ) Delete	
Name:	KENNON, TOM	
Address:	3507 CR 136	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	MGR ( ) Delete	
Name:	DUGGAR, MARGARET LYNN	
Address:	1018 THOMASVILLE ROAD, SUITE 110	
City-St-Zip:	TALLAHASSEE, FL 32303	
Title:	MGR ( ) Delete	
Name:	FENLASON, JOHN	
Address:	8451 135TH AVE., SE	
City-St-Zip:	NEWCASTLE, WA 98059	
Title:	MGR ( ) Delete	
Name:	SMITH, HOWARD	
Address:	905 LOS PRADOS DE GUADALUPE DR., NW	
City-St-Zip:	ALBUQUERQUE, NM 87107	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SMITH, HOWARD	
Address:	9253 W. BAY STREAM CT.	
City-St-Zip:	BOISE, ID 83714	

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.

SIGNATURE: DWIGHT DEAN MGR 04/06/2007

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