

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024999

FILED
Apr 28, 2004
Secretary of State

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

Current Principal Place of Business:

10680 COUNTY ROAD 136
LIVE OAK, FL 32060

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4307
DOWLING PARK, FL 32064

New Mailing Address:

FEI Number: 54-2118743

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/MEMBERS:

Title: MGR () Delete
Name: DAVIS, JAMES E
Address: 3528 CARRINGTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR () Delete
Name: DUGGAR, MARGARET LYNN
Address: 1018 THOMASVILLE ROAD, STE 101
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR () Delete
Name: ERB, KENNETH
Address: P.O. BOX 4779
City-St-Zip: DOWLING PARK, FL 32064

Title: MGR () Delete
Name: NICKERSON, WILLIAM C JR
Address: P.O. BOX 4781
City-St-Zip: DOWLING PARK, FL 32064

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DAVIS, JAMES E
Address: 2074 CENTRE POINTE BLVD., SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR (X) Change () Addition
Name: DUGGAR, MARGARET LYNN
Address: 1018 THOMASVILLE ROAD, STE 110
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: VIGNALI, CARL
Address: 3932 RICHARDSON ROAD
City-St-Zip: PANAMA CITY, FL 32404

Title: MGR () Change (X) Addition
Name: DODGE, KEN
Address: 120 LEDGEWOOD ROAD
City-St-Zip: MANCHESTER, NH 03104

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM C. NICKERSON, JR.

MGR

04/28/2004

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