

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024999

FILED
Mar 22, 2007
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:

10680 DOWLING PARK DRIVE
LIVE OAK, FL 32060

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/MANAGERS:

Title: MGR () Delete
Name: DAVIS, JIM
Address: 3848 KILLEARN CT.
City-St-Zip: TALLAHASSEE, FL 32309

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

Title: MGR () Delete
Name: ERB, KENNETH
Address: 23360 MEADOW VIEW DRIVE
City-St-Zip: LIVE OAK, FL 32060

Title: MGR () Delete
Name: NICKERSON, W C
Address: 10439 CR 136
City-St-Zip: LIVE OAK, FL 32060

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

Title: MGR (X) Delete
Name: DEAN, DWIGHT
Address: 496 ASH DRIVE
City-St-Zip: WINDSOR LOCKS, CT 06096

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: NICKERSON, W C
Address: 10439 CR 136
City-St-Zip: LIVE OAK, FL 32060

Title: MGR (X) Change () Addition
Name: DEAN, DWIGHT
Address: 496 ASH DRIVE
City-St-Zip: WINDSOR LOCKS, CT 06096

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

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

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: MARGARET LYNN DUGGAR

MGR

03/22/2007

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