2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000064890

1. Entity Name
ACM INVESTMENTS, LLC

FILED
06 JAN 30 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984	2656 SW RIVER SHORE DRIVE PORT ST. LUCIE, FL 34984

DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NAVARETTA, STEPHEN
1100 SW ST. LUCIE WEST BLVD
203
PORT ST. LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	NADALIN, MARGERY A
STREET ADDRESS	2656 SW RIVER SHORE DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	MGRM
NAME	NADALIN, ANDREW V
STREET ADDRESS	2656 SW RIVER SHORE DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	MGRM
NAME	NADALIN, CHARLENE
STREET ADDRESS	2656 SW RIVER SHORE DRIVE
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

800065598868
02/10/06--01080--022 **200.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: M Nadalin 1-16-06 7723407223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #