


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90096 023 ***138.75

DOCUMENT # L04000064890 1. Entity Name ACM INVESTMENTS, LLC	
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Principal Place of Business
**2656 SW RIVER SHORE DRIVE
PORT ST. LUCIE, FL 34984**

Mailing Address
**2656 SW RIVER SHORE DRIVE
PORT ST. LUCIE, FL 34984**



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

M. Nadalin **M. NADALIN** **1/24/08** **878-7480**