2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009594

Entity Name: A & C VENTURES, LLC

Address:

City-St-Zip:

400 ROB ROY DR.

CLERMONT, FL 34711

FILED Apr 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 ROB ROY DRIVE CLERMONT, FL 34711 **Current Mailing Address: New Mailing Address:** 400 ROB ROY DRIVE CLERMONT, FL 34711 FEI Number: 20-2245904 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JONES, BRET ESQUIRE 700 ALMOND STREET US CLERMONT, FL 34711 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PAUL, ALAIN Name: Name: 400 ROB ROY DRIVE Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition MARTIN, CHARLES Name: Name: Address: 400 ROB ROY DRIVE Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: () Delete Title: MGRM Title: () Change () Addition ALAIN PAUL, Name: Name: Address: 40 ROB ROY DR Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CHARLES MARTIN, Name: Address: 400 ROB ROY DR. Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALAIN PAUL, Name: Name: 400 ROB ROY DR. Address: Address: City-St-Zip: CLERMONT, FL 34711 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition ALAIN PAUL. Name: Name:

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: CHARLES MARTIN MGRG 04/30/2007