

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041433

**FILED**  
**Apr 26, 2006**  
**Secretary of State**

**Entity Name:** ACS LLC

**Current Principal Place of Business:**

11613 OSPREY POINTE BLVD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

**Current Mailing Address:**

11613 OSPREY POINTE BLVD.  
CLERMONT, FL 34711

**New Mailing Address:**

**FEI Number:** 20-2986762

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

JONES, ROBERT  
11613 OSPREY POINTE BLVD.  
CLERMONT, FL 34711 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:** MGRM ( ) Delete  
**Name:** JONES, ROBERT  
**Address:** 11613 OSPREY POINTE BLVD.  
**City-St-Zip:** CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

**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: ROBERT JONES

MGRM

04/26/2006

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