

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113231

FILED  
Apr 11, 2010  
Secretary of State

**Entity Name:** ASSOCIATION & CONFERENCE MANAGEMENT, LLC.

**Current Principal Place of Business:**

1608 METROPOLITAN CIRCLE  
SUITE B  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 38070  
TALLAHASSEE, FL 32315 US

**New Mailing Address:**

**FEI Number:** 56-2624990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, EUGENE B  
1608 METROPOLITAN CIRCLE  
SUITE B  
TALLAHASSEE, FL 32308 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  
**Name:** JONES, GENE  
**Address:** POST OFFICE BOX 38070  
**City-St-Zip:** TALLAHASSEE, FL 32315

**Title:** MGRM  
**Name:** JONES, DANA  
**Address:** POST OFFICE BOX 38070  
**City-St-Zip:** TALLAHASSEE, FL 32315

**Title:** MGRM  
**Name:** MOREAU, RAY  
**Address:** POST OFFICE BOX 38070  
**City-St-Zip:** TALLAHASSEE, FL 32315

**Title:** MGRM  
**Name:** MAYFIELD, NICKI  
**Address:** POST OFFICE BOX 38070  
**City-St-Zip:** TALLAHASSEE, FL 32315

**Title:** MGRM  
**Name:** ARMSTRONG, HEATHER  
**Address:** POST OFFICE BOX 38070  
**City-St-Zip:** TALLAHASSEE, FL 32315

I hereby 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:** EUGENE B. JONES

MGRM

04/11/2010

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