2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044704

Entity Name: AMERICAN COST RECOVERY MANAGEMENT LLC

Current Principal Place of Business:	**New Principal Place of Business:**
1515 NW 7TH PLACE GAINESVILLE, FL 32603	

Current Mailing Address:	**New Mailing Address:**
1515 NW 7TH PLACE GAINESVILLE, FL 32603	

FEI Number: 26-2537624   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
COHEN, ROBERT S 1515 NW 7TH PLACE GAINESVILLE, FL 32603 US	

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:**

Title:	MGRM ( ) Delete	Title: ( ) Change ( ) Addition
Name:	COHEN, ROBERT S	Name:
Address:	1515 NW 7TH PLACE	Address:
City-St-Zip:	GAINESVILLE, FL 32603	City-St-Zip:
Title:	MGRM ( ) Delete	Title: ( ) Change ( ) Addition
Name:	SCHRUBEN, THOMAS J	Name:
Address:	9705 KINGSTON ROAD	Address:
City-St-Zip:	KENSINGTON, MD 20895	City-St-Zip:
Title:	MGRM ( ) Delete	Title: ( ) Change ( ) Addition
Name:	COHEN, LEWIS A	Name:
Address:	19 RED BARN LANE	Address:
City-St-Zip:	RANDOLPH, NJ 07869	City-St-Zip:
Title:	MGRM ( ) Delete	Title: ( ) Change ( ) Addition
Name:	COHEN, SETH B	Name:
Address:	3015 ASPEN LANE	Address:
City-St-Zip:	FALLS CHURCH, VA 22042	City-St-Zip:

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.

SIGNATURE: LEWIS A. COHEN   TREA   04/08/2009

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