

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044704

FILED
Apr 19, 2011
Secretary of State

Entity Name: AMERICAN COST RECOVERY MANAGEMENT LLC

Current Principal Place of Business:

1515 NW 7TH PLACE
GAINESVILLE, FL 32603

New Principal Place of Business:

Current Mailing Address:

1515 NW 7TH PLACE
GAINESVILLE, FL 32603

New Mailing Address:

FEI Number: 26-2537624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, ROBERT S
1515 NW 7TH PLACE
GAINESVILLE, FL 32603 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: COHEN, ROBERT S
Address: 1515 NW 7TH PLACE
City-St-Zip: GAINESVILLE, FL 32603

Title: MGRM
Name: SCHRUBEN, THOMAS J
Address: 9705 KINGSTON ROAD
City-St-Zip: KENSINGTON, MD 20895

Title: MGRM
Name: COHEN, LEWIS A
Address: 19 RED BARN LANE
City-St-Zip: RANDOLPH, NJ 07869

Title: MGRM
Name: COHEN, SETH B
Address: 3015 ASPEN LANE
City-St-Zip: FALLS CHURCH, VA 22042

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: LEWIS A COHEN

MEMB

04/19/2011

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