2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2009
Secretary of State

DOCUMENT# L08000086236

Entity Name: ACS MANAGEMENT ASSOCIATION, LLC

Current Principal Place of Business:

1079 MIONA SHORES DR.
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

1079 MIONA SHORES DR.
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOWMAN, CHARLES A
1079 MIONA SHORES DR.
THE VILLAGES, FL 32162 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: BOWMAN, CHARLES A
Address: 1079 MIONA SHORES DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: MGR ( ) Delete
Name: BOWMAN, SANDRA K
Address: 1079 MIONA SHORES DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BOWMAN, SANDRA K
Address: 1079 MIONA SHORES DR.
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM ( ) Change (X) Addition
Name: BOWMAN, ADAM M
Address: 5413 TIMBER TRAIL PL
City-St-Zip: MILFORD, OH 45150

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: SANDRA K. BOWMAN MGRM 03/12/2009

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