2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# L98000002616

Entity Name: ACME BARRICADES, L.C.

Current Principal Place of Business:

9800 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

9800 NORMANDY BLVD
JACKSONVILLE, FL 32221

New Mailing Address:

FEI Number: 59-3541899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CRAWFORD, ROB
9800 NORMANDY BLVD
JACKSONVILLE, FL 32221 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: MGR ( ) Delete
Name: CUMMINGS, CHRISTIAN
Address: 9800 NORMANDY BLVD
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGR ( ) Delete
Name: ACME HOLDINGS,
Address: 9995 GATE PARKWAY, STE. 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete
Name: RLS GROUP 1, LTD,
Address: 121 W. FORSYTH STREET, STE. 810
City-St-Zip: JACKSONVILLE, FL 32202

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: ACME HOLDINGS,
Address: 9995 GATE PARKWAY, STE. 150
City-St-Zip: JACKSONVILLE, FL 32246

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: CHRISTIAN CUMMINGS MGR 04/09/2007

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