2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2004
Secretary of State

DOCUMENT# L98000002899

Entity Name: ACF MANAGEMENT, L.L.C.

Current Principal Place of Business:

100 N. TAMPA ST., SUITE 2410
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

100 N. TAMPA ST., SUITE 2410
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-3542907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COCKSHUTT, TIMOTHY
100 N. TAMPA STREET, SUITE 2410
TAMPA, FL 33602 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	BROWN, CRICHTON W	
Address:	100 N. TAMPA STREET, SUITE 2410	
City-St-Zip:	TAMPA, FL 33606	
Title:	MGRM	( ) Delete
Name:	STULL, STEVEN T	
Address:	909 POYDRAS STREET, SUITE 2230	
City-St-Zip:	NEW ORLEANS, LA 70112	
Title:	MGRM	( ) Delete
Name:	BERGMANN, DAVID W	
Address:	7733 FORSYTH BOULEVARD, SUITE 1850	
City-St-Zip:	ST. LOUIS, MO 63105	
Title:	MGRM	( ) Delete
Name:	ZAJAC, SCOTT A	
Address:	7733 FORSYTH BOULEVARD, SUITE 1850	
City-St-Zip:	ST. LOUIS, MO 63105	
Title:	MGRM	( ) Delete
Name:	COCKSHUTT, TIMOTHY G	
Address:	100 N. TAMPA STREET, SUITE 2410	
City-St-Zip:	TAMPA, FL 33602	
Title:	MGRM	( ) Delete
Name:	GARRETT, TATE A	
Address:	100 N. TAMPA STREET, SUITE 2410	
City-St-Zip:	TAMPA, FL 33602	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 Section 119.07(3)(i), 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: STEVEN T STULL MGRM 04/08/2004

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