

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000002547

1. Entity Name
ACORN PARTNERS, LLC



Principal Place of Business

#1 10TH STREET, STE 101
ST AUGUSTINE, FL 32080

Mailing Address

#1 10TH STREET, STE 101
ST AUGUSTINE, FL 32080



01062007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

59-3650571

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEBEAU, H A
188 HERON'S NEST LANE
ST. AUGUSTINE, FL 32080

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME LEBEAU, H.A.
STREET ADDRESS 188 HERONS NEST LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE MGR
NAME LEBEAU, JOAN A
STREET ADDRESS 188 HERONS NEST LANE
CITY-ST-ZIP ST. AUGUSTINE, FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #