2002 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2002 8:00 am Secretary of State

DOCUMENT # L 000000 10813 1. Entity Name Acorn Homes LLC				04-30-2002 90007 024 ****50.00		
	Acorn Hom	esllC				
	DO NOT WRITE	IN THIS SE	PACE			
2. Principal P	Place of Business 0. Box 340764	3. Mailing Address P.O. Rok 340	_ / / .			
Suite, Apt.		P.O. Bak 370 Suite, Apt. #, etc.	769	DO NOT WRITE IN THIS	SPACE	
City & State	na FL	Tamba FL		4. FEI Number 06-1593647	Applied For Not Applicable	
33694	1-0744 Country USA	19mA9 FL 33694-0769	Country USA	5. Certificate of Status Desired	\$5.00 Additional Fee Required	
		-13		7. Name and Address of Current Registers	d Agent	
	BO WAT W	(DITE	=Name= -T=	VOJAM	د الم حمد ب الجروع»	
	DO NOT W	RIIE	Street Address	P.O. Box Number is Not Acceptable)		
,	IN THIS SI	PACE				
	musiane ei	701	1320	5 Dorset Circle	>	
			City Tak	n a FL	710 Code 33/6/2	
\$ The above	named entity submits this statement (or the purpose of changing its i	registered office or registe	red agent, or both, in the State of Florida.	- 1336/1	
o. me above	/	or the purpose of changing its r	registered timbe or registe	red agent, or poon, in the state of Fibrida.		
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable.	· · · · · · · · · · · · · · · · · · ·	DATE		
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1						
9.	MANAGING MEMB	ERS/MANAGERS		Company of the Compan		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Joy Odom 13205 Dorset (Tampa FL 33	irale 612	TITLE HAME STREET ADDRESS CITY-ST-ZIP		rea38 (120)	
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t hereby certify that the information supplied with this filing does not qualify 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 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: Strong (Jay dom) 4	18/2002	8/3-931-1966
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGUM MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #