

2002 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

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

04-30-2002 90007 024 \*\*\*\*50.00

DOCUMENT # L00000010813

1. Entity Name

Acorn Homes LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 340764

3. Mailing Address

P.O. Box 340764

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa FL

4. FEI Number

06-1593647

Applied For

Not Applicable

Zip Country  
33694-0764 USA

Zip Country  
33694-0764 USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name: Jay Odom

Street Address (P.O. Box Number is Not Acceptable)

13205 Dorset Circle

City Tampa

FL

Zip Code  
33612

DO NOT WRITE  
IN THIS SPACE

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.

SIGNATURE

n/a

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
Jay Odom  
13205 Dorset Circle  
Tampa FL 33612

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 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:

Jay Odom (Jay Odom)

4/18/2002

813-932-1966

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

Date

Daytime Phone #

CR2E083B (12/01)