

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000010015 1. Entity Name THE ACORN, LLC	
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Principal Place of Business 3560 NW 63RD ST OCALA, FL 34475	Mailing Address P O BOX 2794 OCALA, FL 34478
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01072005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3726931	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RAINBOW, WILLIAM A 3560 NW 63RD ST OCALA, FL 34475	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAINBOW, WILLIAM A 3560 NW 63RD ST OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RAINBOW, CAROLYN 3560 NW 63RD ST OCALA, FL 34475
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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: W.A.T. Rainbow W.A.T. Rainbow 1/22/05 352-629-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #