2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010015

1. Entity Name
THE ACORN, LLC



FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

3560 NW 63RD ST OCALA, FL 34475 Mailing Address P 0 BOX 2794

OCALA, FL 34478



01112006No Chg-LLC

CR2E083 (11/05)

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

SIGNATURE: Z

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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 Speaking broad or cycled game of projection and bits if projection. (NOTE Benjetoned Appent signature considered when resistation) DATE			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	CAIE
Filing Fee is \$50.00 Due by May 1, 2006			
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		U000003856 3 5
TITLE NAME			01/18/06-80027-002 50.00
STREET ADDRESS City-St-Zip		DO	NOT WRITE
TITLE NAME STREET ACCRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE