

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90079 010 ****50.00

10103341



☒ CHECK HERE IF MAKING CHANGES

DOCUMENT # L01000013612

1. Entity Name
ACORN PARTNERS, LLC



Principal Place of Business

**114 LIGHTHOUSE DR.
JUPITER FL 33469**

Mailing Address

**114 LIGHTHOUSE DR.
JUPITER FL 33469**

2. Principal Place of Business

32 SHADY LANE

Suite, Apt. #, etc.

3. Mailing Address

32 SHADY LANE

Suite, Apt. #, etc.

City & State
TEQUESTA, FL

City & State
TEQUESTA, FL

4. FEI Number **65-1130294**

Applied For
Not Applicable

Zip **33469** Country **USA**

Zip **33469** Country **USA**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

Name **PATRICK F. MAHONEY**

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

32 SHADY LANE

City **TEQUESTA** FL Zip Code **33469**

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 Patrick F. Mahoney
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/31/3

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DIMEO PROPERTIES**
CITY-ST-ZIP **475 KILYERT ST.
WARWICK RI 02886**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **LAND SHARK FUND, LLC**
CITY-ST-ZIP **114 LIGHTHOUSE DRIVE
JUPITER FL 33469**

TITLE ☒ Change ☐ Addition
NAME **MGRM**
STREET ADDRESS **LAND SHARK FUND, LLC**
CITY-ST-ZIP **32 SHADY LANE
TEQUESTA, FL 33469**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Patrick F. Mahoney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/31/3 **5617470577**
Date Daytime Phone #

CR2E083 (10/02)