


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90078 007 ****50.00

DOCUMENT # L04000007980 1. Entity Name ACORN RIDGE DEVELOPMENT, L.L.C.					
Principal Place of Business 5570 FLORIDA MINING BLVD. SOUTH SUITE 502 JACKSONVILLE, FL 32257			Mailing Address P.O. BOX 551018 JACKSONVILLE, FL 32255		
2. Principal Place of Business - No P.O. Box # <i>8016 Acorn Ridge Rd</i>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		City & State <i>Jacksonville, Florida</i>			
Zip <i>32256</i>		Country <i>USA</i>		4. FEI Number 42-1618936	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent GONZALES, DAVID E 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALES, DAVID E 8016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256		<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GONZALES, FRANCINE 5016 ACORN RIDGE ROAD JACKSONVILLE, FL 32256		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>		<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		
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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: <i>Francine Gonzales</i>			Date: <i>1.17.07</i> Daytime Phone #: <i>9043381497</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					