

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007985

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** ACORN RIDGE INVESTMENTS, L.L.C.

**Current Principal Place of Business:**

4237 SALISBURY ROAD  
BUILDING #1, SUITE 109  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

5570 FLORIDA MINING BLVD. SOUTH  
SUITE 502  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

4237 SALISBURY ROAD  
BUILDING #1, SUITE 109  
JACKSONVILLE, FL 32216

**New Mailing Address:**

P.O. BOX 551018  
JACKSONVILLE, FL 32255

FEI Number: 42-1618931      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

GONZALES, DAVID E  
4237 SALISBURY ROAD  
BUILDING #1, SUITE 109  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

GONZALES, DAVID E  
8016 ACORN RIDGE ROAD  
JACKSONVILLE, FL 32256 US

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: DAVID E. GONZALES

05/01/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GONZALES, DAVID E  
Address: 8016 ACORN RIDGE RD  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: GONZALES, MARY F  
Address: 8016 ACORN RIDGE RD  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARY F. GONZALES

MGRM

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date