


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2006 8:00 am**  
**Secretary of State**

07-07-2006 90064 048 \*\*\*\*50.00

<b>DOCUMENT # L05000065360</b> 1. Entity Name <b>ACORN MANAGEMENT SERVICES, LLC</b>					
Principal Place of Business <b>653 MAINSAIL PLACE NAPLES, FL 34110</b>			Mailing Address <b>653 MAINSAIL PLACE NAPLES, FL 34110</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City <b>FL</b> Zip Code _____	
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 _____					
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RUSSO, JOHN L P.O. BOX 264 MOODUS, CT 06469</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>653 MAINSAIL PL NAPLES, FL 34110</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM RUSSO, KRISTINE L P.O. BOX 264 MOODUS, CT 06469</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>653 MAINSAIL PL NAPLES, FL 34110</b>		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE: Kristine L Russo</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>7-1-06 239-596-2724</b> <small>Date Daytime Phone #</small>		

ATTACHMENT 20047803

#L05000065360

ACORN MANAGEMENT SERVICES, LLC  
653 Mainsail Pl., Naples, Fl 34110  
239-596-2724

July 1, 2006

Division of Corporations  
P. O. Box 6478  
Tallahassee, Fl 32314

Re: 2006 LLC Annual Report


To Whom It May Concern:

Enclosed please find the LLC Annual report together with our check in the amount of \$50.00.

Please be advised that this is the first notice we received regarding this report, and we apologize for the lateness of mailing this to you. We have diaried this for next year, and will automatically file this report on time.

Thank you.

Sincerely,



Kristine L. Russo  
Managing Member

KLR:st

Enc.