2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

	ANNOAL	KEFORI				Secreta	ILA OI	่วน	aie
DOCUMENT # L05000065360 1. Entity Name ACORN MANAGEMENT SERVICES, LLC						07-07-2006	-		
Principal Place of Business 653 MAINSAIL PLACE NAPLES, FL 34110		Mailing Address 653 MAINSAIL PLACE NAPLES, FL 34110			£ 1 00 111111	16 BB181 B1111 BB211 BB111 BB111		DI n a lisa na :	DE (
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07012006	G Chg-LLC CR2E083 (11/05)			
City & State		City & State			4. FEI Numb	31063	18	<u> </u>	plied For t Applicable
Zíp	Country	Zip	Country		5. Certificati	e of Status Desired		00 Add Required	
	6. Name and Address of Current	Registered Agent			7. Name an	d Address of New R	egistered Age	nt	
CORPORATE REGISTERED AGENT, LLC 5147 CASTELLO DRIVE NAPLES, FL 34103			Street		P.O. Box Numl	per is Not Acceptable)		
			City				FL	Zip Code	
	named entity submits this statement fo tions of registered agent.	r the purpose of changing its i	registered office	or register	ed agent, or b	oth, in the State of Flo	rida. I am fami	liar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent sign	nature required	I when reinstating)		DATE		
Filing Fee is \$50.00 Due by September 6, 2006							e check paya Department		3
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES .		
TITLE	MGRM	☐ Delete	TITLE				X	Change	☐ Addition
NAME	RUSSO, JOHN L		NAME			_	•		
STREET ADDRESS	P.O. BOX 264		STREET ADDRESS	.کما اۃ	3 MAir	rsail PL			
CITY-ST-ZIP	MOODUS, CT 06469		CITY-ST-ZIP	NG		a Run	~		
TITLE	MGRM	☐ Delete	TITLE	1.5.5	P-140-1-1	154 1676 66.3411	<u> </u>	Change	☐ Addition
NAME	RUSSO, KRISTINE L	☐ Detete	NAME				4	Onlango	Addition
STREET ADDRESS	P.O. BOX 264		STREET ADDRESS	165	3 MAN	مصنو 1			
CITY-ST-ZIP	MOODUS, CT 06469		CITY-ST-ZIP	210	\sim	30,00			
TITLE		☐ Delete	TITLE	100	puo, r	- C. O_(\1)	U	Change	☐ Addition
NAME		L. Delete	NAME		-			Glialiye	☐ Addition
STREET ADDRESS	1		STREET ADDRESS						
CITY-ST-ZIP			SAILET ADDITES	, I					
TITLE	l e		CITY-ST-ZIP						
NAME		□ Datata	CITY-ST-ZIP					Change	☐ Addition
		☐ Defete	TITLE					Change	Addition
		☐ Delete	TITLE NAME					Change	Addition
STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE	5				Change	Addition
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRES: CITY-ST-ZIP	5					_
STREET ADDRESS CITY-ST-ZIP TITLE		□ Defete	TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE	5				Change Change	Addition
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME						_
STREET ADDRESS CITY-ST-ZIP TITLE NAME			TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE						_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE NAME STREET ADDRES: CITY-ST-ZIP TITLE						_
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	5				Change	☐ 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.

SIGNATURE: 7-1-06 239-596-292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Priore #

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.