2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L06000104462

Entity Name: ACORN DEVELOPMENT ENTERPRISE, LLC.

Current Principal Place of Business:

127 TAMPA AVENUE EAST
SUITE 3
VENICE, FL 34285 US

New Principal Place of Business:

Current Mailing Address:

127 TAMPA AVENUE EAST
SUITE 3
VENICE, FL 34285 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

VELLUCCI, TAMMY T
127 TAMPA AVENUE EAST
SUITE 3
VENICE, FL 34285 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	VELLUCCI, TAMMY	
Address:	127 TAMPA AVE EAST	
City-St-Zip:	VEN ICE, FL 34285 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, MICHAEL SR	
Address:	127 TAMPA AVENUE EAST	
City-St-Zip:	VENICE, FL 34285 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, ANTHONY III	
Address:	127 TAMPA AVENUE EAST	
City-St-Zip:	VENICE, FL 34285 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, JOSEPH	
Address:	127 TAMPA AVENUE EAST	
City-St-Zip:	VENICE, FL 34285 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, JOSHUA C	
Address:	127 TAMPA AVENUE EAST	
City-St-Zip:	VENICE, FL 34285 US	
Title:	MGRM	( ) Delete
Name:	VELLUCCI, GLORIA	
Address:	127 TAMPA AVENUE EAST	
City-St-Zip:	VENICE, FL 34285 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: TAMMY VELLUCCI P 05/02/2007

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