
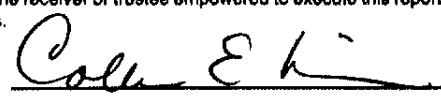


FILE NOW: Fee after May 1, will be \$588.75

| | | | |
|---|--------------------------------------|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000000152 ACORN AUTO RECYCLING, L.L.C. 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32362 | | FILED 97 MAY -1 AM 8:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1a. Principal Place of Business Address 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32362 | |
| If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a. | | | |
| 2. Principal Place of Business Same | 2a. Mailing Address P.O. Box 1506 | 3. Date Organized or Qualified 02/06/1996 | 3a. State of Formation FL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number 59-3358214 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State Woodville FL | 5. Date of Last Report | 6. Certificate of Status Desired <input checked="" type="checkbox"/> SE 75 A (1) Annual Fee Required <input type="checkbox"/> |
| Zip 32327 | Country | Zip 32362 | Country |
| 7. Name and Address of Current Registered Agent MILLER, COLLEEN E 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32362 | | 8. Name and Address of New Registered Agent Name 600002178226--7 Street Address (P.O. Box Number is Not Applicable) 05/14/97-01068-011 ****203.75 ****203.79 Suite, Apt. #, etc. City FL Zip Code 32327 | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | |
| SIGNATURE _____ | | DATE _____ | |
| (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) | | | |
| 10. Title | Managing Members/Managers | Business Street Address | City, State and Zip Code |
| MGRM | MILLER, MICHAEL P | P.O. BOX 1605 N/A | WOODVILLE FL |
| MGRM | MILLER, COLLEEN E | P.O. BOX 1605 N/A | CRAWFORDVILLE FL |
| | | 572 woodville Hwy. | Crawfordville, FL 32327 |
|  11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | |
| SIGNATURE: _____ | | Date _____ | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | | Daytime Phone # _____ | |