


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY -4 PM 1:30	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE		
1. Name and Mailing Address of Limited Liability Company ACORN AUTO RECYCLING, L.L.C. P.O. BOX 1506 WOODVILLE FL 32362		DOCUMENT # L96000000152 1a. Principal Place of Business Address 572 WOODVILLE HIGHWAY CRAWFORDVILLE FL 32327		
2. Principal Place of Business 572 WOODVILLE HWY <small>Suite, Apt. #, etc.</small> FL <small>City & State</small> CRAWFORDVILLE FL <small>Zip</small> 32327 <small>Country</small> USA		2a. Mailing Address <small>Suite, Apt. #, etc.</small> P.O. Box 1506 <small>City & State</small> WOODVILLE FL <small>Zip</small> 32362 <small>Country</small> USA		3. Date Organized or Qualified 02/06/1996 3a. State of Formation FL 4. FEI Number 59-3358214 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 5. Date of Last Report 05/01/1997 6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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/Office <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>Suite, Apt. #, etc.</small> <small>City</small> FL <small>Zip Code</small> 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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small>				
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code	
MGRM	MILLER, MICHAEL P	572 WOODVILLE HIGHWAY	CRAWFORDVILLE FL	
MGRM	MILLER, COLLEEN E	572 WOODVILLE HIGHWAY	CRAWFORDVILLE FL	
100002515931--9 -05/07/98--01103--015 ****188.75 ****188.75				
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Colleen E Miller</u> <u>1 May 98</u> <u>850 421 8277</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>				