2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L96000000152

1. Entity Name
ACORN AUTO RECYCLING, L.L.C.

Principal Place of Business	Mailing Address
572 WOODVILLE HIGHWAY CRAWFORVILLE, FL 32327	P.O. BOX 1506 WOODVILLE, FL 32362

02122004No Chg-LLC   CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
59-3358214	Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. **Name and Address of Current Registered Agent**

MILLER, COLLEEN E
572 WOODVILLE HIGHWAY
CRAWFORVILLE, FL 32362

DO NOT WRITE
IN THIS SPACE

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_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2004

U000000055022
02/17/04-80020-007 55.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	MILLER, MICHAEL P	
STREET ADDRESS	572 WOODVILLE HIGHWAY	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE	MGRM	
NAME	MILLER, COLLEEN E	
STREET ADDRESS	572 WOODVILLE HIGHWAY	
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE
IN THIS SPACE

11. I 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 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: _____   12 Feb 04   850 421 2271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #