

# 2001 UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT # L99000005694**

1. Entity Name  
**ACORN MANAGEMENT CONSULTANTS LLC**

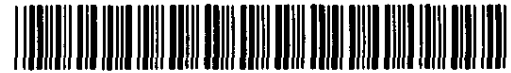
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1220 NORTH MARKET STREET, STE 606  
WILMINGTON DE 19801

Mailing Address  
1220 NORTH MARKET STREET, STE 606  
WILMINGTON DE 19801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REGISTERED AGENTS LEGAL SERVICES, INC.**  
**941 FOURTH STREET #202**  
**MIAMI BEACH FL 33139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **STERLING MANAGERS LIMITED**  
STREET ADDRESS **PO BOX 362 ROAD TOWN**  
CITY-ST-ZIP **TORTOLA, BVI**

TITLE ☐ Change ☐ Addition  
NAME **000004162650**  
STREET ADDRESS **-05/08/01--01098--001**  
CITY-ST-ZIP **\*\*\*2950.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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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: *David M. Caruccio* **David M. Caruccio** 4/23/01 302-421-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)