UNIFORM BUSINES	TY COMPANY	/ DD\	FILED	
DOCUMENT # L99000		BR)	APR 29 AM 10:	09
1. Entity Name	_	cr		
Acorn Management	Consultant	is uc at	CRETARY OF STA LAHASSEE, FLO	RIDA
		!		
DO NOT WRITE IN THIS SPACE				
2. Principal Place of Business 1333 N. DWal St. 3.	Mailing Address	wal St.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Vux Bi	DO NOT WR	ITE IN THIS SPACE
Tallahassee, FL 7	City & State hasse	,FL 4.F	El Number	Applied For
Zip 302 Country	Zip Cour 3-3-302	itry	ertificate of Status Desired	\$5.00 Additional
		7. Na	me and Address of Current	Fee Required Registered Agent
DO NOT WRI	TE	Florida Street Address (P.O. Bo	Filing & So x Number is Not Acceptable	earch Services, Irc
IN THIS SPACE	CE	N EEEI	·	·- L
Toward Advention Toward		City Ta DO	hasseo	FL Zip Code 303
8. The above named entity submits this statement for the bu	rpose of changing its registered	office or registered agent.	or both, i in the State of Fi	orida. (
SIGNATURE Signature, typed or printed name of registered agent and title is	attolicable C		4/2	26/02
	FEE IS		 	DAE
	Make Check Payable t		•	
9. MANAGING MEMBERS/MA	NAGERS			
NAME Sterling Managors STREET ADDRESS PO Box 362		E		201)
CITY-SI-ZIP Road Town, Tortol	\ @\	ET ADDRESS -ST-ZIP		3701-77-107E
TITLE NAME	. TITLE	f	700005	3701770
STREET ADDRESS CITY-ST-ZIP	1	et address - St-Zip	,	0
TITLE NAME	TITLE		 	
STREET ADDRESS . CITY-ST-ZIP	STREE	T ADDRESS ST-ZIP	DO NOT	MPITE
TITLE	TITLE		IN THIS	The state of the second of the
STREET ADDRESS CITY-ST-ZIP		T ADDRESS	414 31111920	DIACE
HITLE	CITY-	ST-ZIP		
NAME STREET ADDRESS	NAME Stree	T ADDRESS		
CITY-ST-ZIP	CITY-	ST-ZIP		
NAME STREET ADDRESS	NAME	T ADDRESS		
CITY-ST-ZIP 11. I hereby certify that the information supplied with this Slice	СПУ-	ST- ZIP		
 I hereby certify that the information supplied with this filing indicated on this report is true and accurate and that my's limited liability company or the receiver or trustee empower 	i uses not qualify for the exemp ignature shall have the same leared for execute this report as rea	tion stated in Section 119.0 gat effect as if made under quired by Chapter 608. Flor	7(3)(i), Florida Statutes. H oath: that I am a managi ida Statu tes.	further certify that the information ing member or manager of the
SIGNATURE: MILLION OF THE SIGNATURE	Janet 1	n-Caruccio		
	G MANAGING MEMBER, MANAGER, OF	AUTHORIZED REPRESENTATIV	4-34-02 Date	302-421-5750 Dayting Phone /

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 PH: (850) 668-4318 FX: (850) 668-3398

DATE:

04-29-02

ACCOUNT NO:

FCA00000015

AUTHORIZATION:

ABBIE/PAUL HODGE

TYPE OF FILING: UNIFORM BUSINESS REPORTS

NAME: 33 LIMITED LIABILITY COMPANIES

SPECIAL INSTRUCTIONS: NONE

\$1450,00

DIVISION OF ASSOCIATION