

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005694

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** ACORN MANAGEMENT CONSULTANTS LLC

**Current Principal Place of Business:**

#362 ROAD TOWN  
TORTOLA, BVI, XX 0000

**New Principal Place of Business:**

**Current Mailing Address:**

1220 N. MARKET STREET  
SUITE 804  
WILMINGTON, DE 19801

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FLORIDA FILING & SEARCH SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: STERLING MANAGERS LIMITED  
Address: PO BOX 362 ROAD TOWN  
City-St-Zip: TORTOLA, BVI,  
  
Title: MGR ( ) Delete  
Name: LEIMGRUBER, JOSEF  
Address: ANTON BRAUMAGARNER STR 44 A4013  
City-St-Zip: A-130 VIENNA, AUSTRIA,

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:  
  
Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STERLING MANAGERS LIMITED

MGR

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date