2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUI	MENT # L9900	0007814				1 5 25-4				
ACORN MANAGEMENT, L.L.C.					FILED					
					_	1 JAN 19	PM 2: 15			
Principal Place of Business - Mailing Address						SECRETARY O	FSTATE			
3969 ROBERTS POINT ROAD SARASOTA FL 34242 SARASOTA FL 34242-1160					Ī	SECRETARY O ALLAHASSEE,	FLORIDA			
Principal Place of Business 3. Mailing Address					-				ilbil bibi iddi	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			. DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. FEI Number Applied For					
					65-096191Z Not Applicable					
Zip	Country	Country Zip Country		try	5. Certi	ficate of Status Desire	ed 🗌	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name						
TINGLE, KRISTY S					Street Address (P.O. Box Number is Not Acceptable)					
3969 ROBERTS POINT ROAD SARASOTA FL 34242					·					
SANASUTA FE 34242				City FL Zip Code						
8. The above	d office or register	red agent,	or both, in the State of		<u> </u>					
		, ,		_	_					
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstat	ng)	DATE			
				FEE IS \$50.00						
		Make Check Pa	yable t	o Department o	of State					
9.	MANAGING MEMBE		10.				NS/CHANGES		□ Addition	
TITLE NAME	MGR Desirts TITUL NAME					50000 -01	/3567 /23/01	125 01062		
STREET ADDRESS CITY-ST-ZIP	3969 ROBERTS POINT ROAD SARASOTA FL 34242			ET ADDRESS - ST-ZIP		**	***50.00	海海米米米	50.00	
TITLE	,	☐ Delete	TITLI					Change	Addition	
NAME STREET ADDRESS			NAM STRE	ET ADORESS					1	
CITY-ST-ZIP			_ CITY	- \$T-ZIP				Change	Addition	
TITLE NAME		∟ Delata	MAM	E				موسود ر		
STREET ADDRESS CITY-ST-ZIP				ET ADORESS - St-zip						
TITLE .		☐ Deleta	TITLI Ram			m/		Change	☐ Addition	
NAME STREET ADDRESS			\$TRE	ET ADORESS	_	11				
CITY-81-ZIP			CITY	- ST- ZIP	<u> </u>			Change	Addition .	
NAME			NAM	E						
STREET ADDRESS 'CITY-ST-ZIP				ET ADDRESS - ST- ZIP		ı		_		
TITLE NAME		☐ Delete	TITLI					☐ Change	Addition	
STREET ADDRESS	. ,		STRE	ET ADDRESS						
	ertify that the information supplied with		r the exe							
indicated	on this report is true and accurate and bility company or the receiver or trustee	that my signature shall have	the same	e legal effect as if r	made unde	roath; that I am a m				
	MAN AND MAN	Rubs Vacin		\Box		1/0/15/	N 91	11341	74,1	
SIGNAT		TED NAME OF SIGNING MANAGING	MEMBER C	OR MANAGER		Date		Daytime Phone #	1 1 0 /	