

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007814

1. Entity Name
ACORN MANAGEMENT, L.L.C.

FILED
Jan 19, 2001 8:00 A.M.
Secretary of State

Principal Place of Business
3969 ROBERTS POINT ROAD
SARASOTA FL 34242

Mailing Address
3969 ROBERTS POINT ROAD
SARASOTA FL 34242

2. Principal Place of Business
1605 MAIN ST
Suite, Apt. #, etc.
#1111

3. Mailing Address
PO BOX 2383
Suite, Apt. #, etc.

City & State
SARASOTA, FL
Zip
34236
Country
SARASOTA

City & State
SARASOTA, FL
Zip
34230
Country
SARASOTA

4. FEI Number 65-0961912

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TINGLE, KRISTY S
3969 ROBERTS POINT ROAD
SARASOTA FL 34242

7. Name and Address of New Registered Agent

Name
R. CRAIG HARRISON
Street Address (P.O. Box Number is Not Acceptable)
1605 MAIN ST #1111
City
SARASOTA FL Zip Code
34236

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

1/21/01 DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
TINGLE, KRISTY S
3969 ROBERTS POINT ROAD
SARASOTA FL 34242 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RICHARD DEAN
110 BEACH RD
SARASOTA, FL 34242 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003601654-7
-01/30/01--01070--022
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: *Richard Dean* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 1/21/01 941-349-1743 Date Daytime Phone #

CR2E083 (11/00)