LIMITED LIABILITY COMPANY
2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90584 026 ****50.00

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DOCUMENT# L99000007814

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

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
3726 Flamingo Avenue	3726 Flamingo Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota, Florida	City & State: Sarasota, Florida
Zip: 34242 Country: USA	Zip: 34242 Country: USA

4. FEI Number: 65-0961912 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: Tingle, Kristy S.

Street Address (P.O. Box Number is Not Acceptable): 3726 Flamingo Avenue

City: Sarasota FL Zip Code: 34242

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: Kristy S. Tingle DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR
NAME	Tingle, Kristy S.
STREET ADDRESS	3726 Flamingo Avenue
CITY-ST-ZIP	Sarasota, FL 34242

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CR2E083B (12/01)

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: Kristy S. Tingle, Manager
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #