

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000011135

1. Entry Name
 A.D.E., L.L.C.



Principal Place of Business
 959 W. 15TH STREET
 PANAMA CITY, FL 32401

Mailing Address
 959 W. 15TH STREET
 PANAMA CITY, FL 32401



03142006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 49-4761013 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SLOAN, JIMOTHY J
 427 MCKENZIE AVE.
 PANAMA CITY, FL 32401

**DO NOT WRITE
 IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____

(Signature, typed or printed name of registered agent and title is applicable)

(If U.S. Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2006**

U00000478400
 04/08/06-80004-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HILL, DAVID II
STREET ADDRESS	959 W. 15TH STREET
CITY, ST, ZIP	PANAMA CITY, FL 32401
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

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 IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 808, Florida Statutes.

SIGNATURE: *[Signature]* David Hill II
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/21/06 (850) 769-3371
Date Daytime Phone #