


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000011135</b> 1. Entity Name A.D.E., L.L.C.	
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Principal Place of Business 959 W. 15TH STREET PANAMA CITY, FL 32401	Mailing Address 959 W. 15TH STREET PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



07082008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 49-4761013	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008**      In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM HILL, DAVID II 959 W. 15TH STREET PANAMA CITY, FL 32401
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07/28/08-80008-017 138.75

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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 608, Florida Statutes.

**SIGNATURE:**       Date: 7/24/08      Daytime Phone #: (850) 7169-3377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE