L02000007763

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007763

FILED
2003 OCT 23 AM 9:29
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

503196900706

07/11/03 90026 037 $50.00

1. Entity Name
A.D.K.O.S., L.L.C.

Principal Place of Business	Mailing Address
866 HYACINTH COURT MARCO ISLAND FL 34145	866 HYACINTH COURT MARCO ISLAND FL 34145

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 81-0553511 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CONROY, J. THOMAS III
2640 GOLDEN GATE PARKWAY, SUITE 115
NAPLES FL 34105

7. Name and Address of New Registered Agent

Name Peter G. BAKER
Street Address (P.O. Box Number is Not Acceptable)
866 Hyacinth CT.
City Marco Island FL Zip Code 34145

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BAKER, PETER G		NAME		
STREET ADDRESS	866 HYACINTH COURT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND FL		CITY-ST-ZIP		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	COREY, DAVID		NAME		
STREET ADDRESS	1135 SOUTH STREAM ROAD		STREET ADDRESS		
CITY-ST-ZIP	BENNINGTON VT 05201		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	REINSTATEMENT 2003	
CITY-ST-ZIP			CITY-ST-ZIP		

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: Peter G. BAKER 7-8-03 239-594-0014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

2 of 2

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10-21-03

FLORIDA DEPT. OF STATE

Dear Sir,

I received the enclosed form and called your office to straighten it out. I was directed to write and explain the following: I did returned your original form with the payment on 7/8/03. You have cashed the check and it has cleared the bank. It appears the il didn't fill in the FEI number and you sent me a request to do it. I never received the request and than received the application for reinstatement. Could you please accept the FEI number I filled in and reinstate me without penalty.

Thanking you in advance.

Sincerely Yours,

Peter G Baker

6210 Shirley St., #101 • Naples, FL 34109 • Phone: 239-594-0014 • Fax: 239-594-0015