


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 16, 2006 8:00 am
Secretary of State

05-16-2006 90274 001 ***500.00

DOCUMENT # L03000009273		
1. Entity Name 2210 ALLAN ADALE, LLC		
Principal Place of Business 4345 CANARD ROAD MELBOURNE, FL 32934		Mailing Address 4345 CANARD ROAD MELBOURNE, FL 32934

30008592



2. Principal Place of Business <i>592 HAWKS BILL IS DR</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>SATELLITE BEACH, FL</i>		City & State	
Zip <i>32937</i>	Country <i>BREVARD</i>	Zip	Country

05112006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-0101607				Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934			7. Name and Address of New Registered Agent Name <i>MARIA ABRAVAYA</i> Street Address (P.O. Box Number is Not Acceptable) <i>592 HAWKS BILL IS DR.</i> City <i>SATELLITE BEACH FL</i> Zip Code <i>32937</i>		

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 *Maria Abavaya* DATE *5-1-06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABRAVAYA, MARIA E 4345 CANARD ROAD MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARIA ABRAVAYA 592 HAWKS BILL ISLAND DR. SATELLITE BEACH, FL 32937	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Maria Abavaya* DATE *5/1/06* 321-264-8669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #