


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jul 23, 2007 08:00 AM
Secretary of State**

DOCUMENT # L05000006147 1. Entity Name SHIRLEY L. ADAMS LLC	
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Principal Place of Business 74 BAHAMA CIRCLE TAMPA, FL 33606	Mailing Address 74 BAHAMA CIRCLE TAMPA, FL 33606
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DO NOT WRITE IN THIS SPACE



07112007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2183868	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FOWLER WHITE BOGGS BANKER P.A. C/O GREGORY A. RICHARDS, JR. 501 EAST KENNEDY BOULEVARD, SUITE 1700 TAMPA, FL 33602	DO NOT WRITE IN THIS SPACE
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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)

**Filing Fee is \$50.00 -
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS ADAMS, SHIRLEY L MEMBER 74 BAHAMA CIRCLE TAMPA, FL 33606
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07/23/07-80004-013 50.00

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: Shirley L. Adams LLC 7-18-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #