

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071660

FILED  
Apr 17, 2007  
Secretary of State

Entity Name: ADAPT4, LLC

**Current Principal Place of Business:**

605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934

**New Principal Place of Business:**

**Current Mailing Address:**

605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934

**New Mailing Address:**

FEI Number: 90-0096321

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HURLBUT, STACY  
605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMAIDRIS, THOMAS F  
Address: 642 ROSSMOOR CIRCLE  
City-St-Zip: MELBOURNE, FL 32940

Title: MGRM ( ) Delete  
Name: SAUNDERS, R. BRENT  
Address: 2 SPINNAKER POINT CT.  
City-St-Zip: INDIAN HARBOR BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: WHITLOCK, STEPHEN D  
Address: 164 DELAND AVE.  
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM ( ) Delete  
Name: HURLBUT, STACY S  
Address: 445 PENGUIN DR.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: HUDSON, GARY  
Address: 615 CARIBBEAN RD.  
City-St-Zip: SATELLITE BEACH, FL 32937

Title: MGRM ( ) Delete  
Name: GERHARDT, ED  
Address: 765 HALL RD.  
City-St-Zip: MALABAR, FL 32950

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS F SMAIDRIS

MGRM

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date