

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000071660

FILED  
Jan 30, 2008  
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:**

1050 W. NASA BLVD.  
STE. 134  
MELBOURNE, FL 32901

**Current Mailing Address:**

605 N. JOHN RODES BLVD.  
MELBOURNE, FL 32934

**New Mailing Address:**

1050 W. NASA BLVD.  
STE. 134  
MELBOURNE, FL 32901

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:**

SASLOW, DEBBIE  
1050 W. NASA BLVD.  
STE. 134  
MELBOURNE, FL 32901 US

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: DEBBIE SASLOW

01/30/2008

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

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

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

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

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

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: LAWLESS, ROBERT  
Address: 1050 W. NASA BLVD., STE. 134  
City-St-Zip: MELBOURNE, FL 32901

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 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: ROBERT LAWLESS

PRES

01/30/2008

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