

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-16-2006 90027 048 ****50.00



| | |
|--|--|
| DOCUMENT # L05000090350 1. Entity Name ADEPT INVESTMENTS, LLC | |
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| | |
|---|---|
| Principal Place of Business 8755 SAN ANDROS WEST PALM BEACH, FL 33411 | Mailing Address 8755 SAN ANDROS WEST PALM BEACH, FL 33411 |
|---|---|

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



| | | |
|---|---------------------------------------|-----------------|
| 03082006 | Chg-LLC | CR2E083 (11/05) |
| 4. FEI Number 20-3478003 | 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 | 7. Name and Address of New Registered Agent |
| STRAKOWSKI, WALTER A 8755 SAN ANDROS WEST PALM BEACH, FL 33411 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

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

| | | |
|---|--|--|
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State |
|---|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|------------------------------|-------------------------------------|-----------------------|---|
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAKOWSKI, WALTER A | NAME | |
| STREET ADDRESS | 8755 SAN ANDROS | STREET ADDRESS | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33411 | CITY-ST-ZIP | |
| TITLE | MGR <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STRAKOWSKI, WALTER W | NAME | |
| STREET ADDRESS | 5003 S.E. LOST LAKE WAY | STREET ADDRESS | |
| CITY-ST-ZIP | HOBE SOUND, FL 33455 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Walter A. Strakowski x 3/14/2006 561-790-2406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #