


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000090350**

1. Entity Name  
ADEPT INVESTMENTS, LLC



Principal Place of Business      Mailing Address

8755 SAN ANDROS      8755 SAN ANDROS  
WEST PALM BEACH, FL 33411      WEST PALM BEACH, FL 33411



01042007 No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3478003	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STRAKOWSKI, WALTER A  
8755 SAN ANDROS  
WEST PALM BEACH, FL 33411

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAKOWSKI, WALTER A 8755 SAN ANDROS WEST PALM BEACH, FL 33411
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STRAKOWSKI, WALTER W 5003 S.E. LOST LAKE WAY HOBE SOUND, FL 33455
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04/16/07-80032-001 50.00

**DO NOT WRITE  
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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*      WALTER A. STRAKOWSKI      4/3/2007      561-790-2406

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #