

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000090350

FILED
Apr 04, 2009
Secretary of State

Entity Name: ADEPT INVESTMENTS, LLC

Current Principal Place of Business:

8755 SAN ANDROS
WEST PALM BEACH, FL 33411

New Principal Place of Business:

8755 SAN ANDROS
WEST PALM BEACH, FL 334115520

Current Mailing Address:

8755 SAN ANDROS
WEST PALM BEACH, FL 33411

New Mailing Address:

8755 SAN ANDROS
WEST PALM BEACH, FL 334115520

FEI Number: 20-3478003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

STRAKOWSKI, WALTER A
8755 SAN ANDROS
WEST PALM BEACH, FL 334115520 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: WALTER A STRAKOWSKI

04/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STRAKOWSKI, WALTER A
Address: 8755 SAN ANDROS
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGR () Delete
Name: STRAKOWSKI, WALTER W
Address: 5003 S.E. LOST LAKE WAY
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: STRAKOWSKI, WALTER A
Address: 8755 SAN ANDROS
City-St-Zip: WEST PALM BEACH, FL 334115520

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: WALTER A STRAKOWSKI

MGR

04/04/2009

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