

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/21/2008-90020-039-\$138.75-\$138.75

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



2nd MOORE CR2E083 (4/08)

<b>DOCUMENT # L07000014523</b> 1. Entity Name <b>ADEE ENTERPRISES, LLC</b>			
Principal Place of Business 9800 PAYNE LANE GLEN ST. MARY FL 32040		Mailing Address P.O. BOX 26 GLEN ST. MARY FL 32040	
2. Principal Place of Business - No P.O. Box # <b>9800 PAYNE LANE</b>		3. Mailing Address <b>P.O. Box 26</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Glen St. Mary, FLA.</b>		City & State <b>Glen St. Mary, FLA.</b>	
Zip <b>32040</b>		Zip <b>32040</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FISHER, TOUSEY, LEAS &amp; BALL, P.A.</b> <b>818 N. A1A</b> <b>SUITE 104</b> <b>PONTE VEDRA BEACH FL 32082</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <div style="text-align: right;">                     FL Zip Code                 </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!!! FEE IS \$538.75</b> Make Check Payable to Florida Department of State Due By September 3, 2008			
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 <input checked="" type="checkbox"/>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>PRESIDENT</b> <b>LARRY L. PAYNE 32040</b> <b>P.O. Box 26</b> <b>GLEN ST. MARY, FLA.</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>9800 PAYNE LN</b> <b>GLEN ST. MARY, FL 32040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>Vice President</b> <b>R. PAYNE 32040</b> <b>P.O. Box 26</b> <b>GLEN ST. MARY, FLA.</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>9800 PAYNE LN.</b> <b>GLEN ST. MARY FL</b> <b>32040</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>L. SELLERS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>SEP 24 2008</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP  <b>EXAMINER</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 606, Florida Statutes.			
SIGNATURE: <u>Larry L. Payne</u>		DATE: <u>8-14-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE DAY/MONTH/YEAR	