

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060169

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: ADAMS' CORNERSTONE ENTERPRISES, LLC

**Current Principal Place of Business:**

6761 W. SUNRISE BLVD., STE. 16  
PLANTATION, FL 33313

**New Principal Place of Business:**

6761 W. SUNRISE BLVD., STE. 18  
PLANTATION, FL 33313

**Current Mailing Address:**

6761 W. SUNRISE BLVD., STE. 16  
PLANTATION, FL 33313

**New Mailing Address:**

6761 W. SUNRISE BLVD., STE. 18  
PLANTATION, FL 33313

FEI Number: 26-2840850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HENRY, ROBERT A  
8411 W. OAKLAND PARK BLVD., STE. 201  
SUNRISE, FL 33351 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: PRES ( ) Change (X) Addition  
Name: ADAMS, DAVID W  
Address: 10843 CAMBAY CIRCLE  
City-St-Zip: BOYNTON BEACH, FL 33437

Title: VP ( ) Change (X) Addition  
Name: ADAMS, WILLIAM L  
Address: 2356 NW 111TH AVENUE  
City-St-Zip: SUNRISE, FL 33322

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: DAVID W. ADAMS

PRES

04/28/2009

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