

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90027 044 ****50.00

DOCUMENT # L99000002005

1. Entity Name
ADASTAR, L.L.C.



Principal Place of Business: **6175 CLARK CENTER AVE. SARASOTA FL 34238**
Mailing Address: **1605 N. CEDAR CREST BLVD., STE. #508 ALLENTOWN PA 18104**

00000101



CHECK HERE IF MAKING CHANGES

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 65-0909790 | | Applied For | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | Not Applicable | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required | |
| Zip | Country | Zip | Country | | | | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| BETTERTON, GREG A ESQ 915 S. TAMiami TRAIL NOKOMIS FL 34275 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | FL | |

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
|------------------------------|--|---------------------------------|--|-----------------------|--|---------------------------------|-----------------------------------|
| TITLE | MGR | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLLIER, PHILLIP V | | | NAME | | | |
| STREET ADDRESS | 8365 SHADOW PINE WAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34238 | | | CITY-ST-ZIP | | | |
| TITLE | MEM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THE ANDESA COMPANIES | | | NAME | | | |
| STREET ADDRESS | 1605 N. CEDAR CREST BLVD., STE. 508 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | ALLENTOWN PA 18104 | | | CITY-ST-ZIP | | | |
| TITLE | MEM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THE COCHLAN ORGANIZATION | | | NAME | | | |
| STREET ADDRESS | TWO PRUDENTIAL PLAZA, SUITE #980 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CHICAGO IL 60601 | | | CITY-ST-ZIP | | | |
| TITLE | MEM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | THE PENDLETON CORPORATION | | | NAME | | | |
| STREET ADDRESS | 6800 PARAGON PLACE, SUITE 234 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | RICHMOND VA 23230 | | | CITY-ST-ZIP | | | |
| TITLE | MEM | <input type="checkbox"/> Delete | | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | COLLIER TECHNOLOGY GROUP | | | NAME | | | |
| STREET ADDRESS | 8365 SHADOW PINE WAY | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | SARASOTA FL 34238 | | | 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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** Date: 1/30/03 Daytime Phone #: 610 821 8650

CF2E083 (10/02)