2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # M02000002434

1. Entity Name
ADESTA, LLC

Principal Place of Business	Mailing Address
1200 LANDMARK CENTER, SUITE 1300 OMAHA, NE 68102	1200 LANDMARK CENTER, SUITE 1300 OMAHA, NE 68102

04192005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
43-1965877
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

U00000347449
04/30/05-80114-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SOMMERFELD, ROBERT E
STREET ADDRESS	1200 LANDMARK CENTER, SUITE 1300
CITY-ST-ZIP	OMAHA, NE 68102
TITLE	MGR
NAME	MCCARTHY, MICHAEL
STREET ADDRESS	1125 S 103RD STREET STE 450
CITY-ST-ZIP	OMAHA, NE 681241071
TITLE	MGR
NAME	O'BRIAN, DENNIS
STREET ADDRESS	1125 S 103RD STREET STE 450
CITY-ST-ZIP	OMAHA, NE 681241071
TITLE	MGR
NAME	THOMPSON, HAROLD M
STREET ADDRESS	785 SE 55 STREET
CITY-ST-ZIP	PLEASANT, HILL, IA 50327
TITLE	MGR
NAME	BELL, RICHARD R
STREET ADDRESS	8404 INDIAN HILLS DRIVE
CITY-ST-ZIP	OMAHA, NE 681144049
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/25/05 (402)233-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #