


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000004841
 1. Entity Name
 ADLEX, LLC



Principal Place of Business 777 YAMATO ROAD STE 300 BOCA RATON, FL 33431	Mailing Address 777 YAMATO RD SUITE 300 BOCA RATON, FL 33431
---	---

DO NOT WRITE IN THIS SPACE



01182008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-0489272	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIESEN, GARTH
 777 YAMATO ROAD, SUITE 300
 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRIESEN, GARTH 777 YAMATO ROAD, SUITE 300 BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

000000804811
 02/05/08-80082-024-138.75

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 608, Florida Statutes.

SIGNATURE:  Garth Friesen, Manager 1/24/08 561-544-4615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #