

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90186 013 ****50.00

DOCUMENT # L00000005505					
1. Entity Name ADMONT MANAGEMENT, LLC					
Principal Place of Business 395 COMMERCIAL COURT SUITE D VENICE, FL 34292			Mailing Address 395 COMMERCIAL COURT SUITE D VENICE, FL 34292		
2. Principal Place of Business 740 Commerce Drive Suite, Apt. #, etc. Unit 9 City & State VENICE FLORIDA Zip 34292 Country SARASOTA		3. Mailing Address 740 Commerce Drive Suite, Apt. #, etc. Unit 9 City & State VENICE FLORIDA Zip 34292 Country SARASOTA		01292004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-1008393				Applied For <input 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 BOONE, BOONE, BOONE, HINES & KUDA, P.A. 1001 AVE DEL CIRCO P.O. BOX 1596 VENICE, FL 34285			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADRIAN, DENNIS 2073 PORTER LAKE DRIVE, UNIT C SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Adrian Dennis 740 Commerce Drive Unit 9 VENICE FLORIDA 34292	<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Dennis E Adrian</u> <u>DENNIS E ADRIAN 01/31/04</u> <u>941-485-6507</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					