


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000009394
 1. Entity Name
ADELE CARPETS LLC



Principal Place of Business Mailing Address
 121 TERIWOOD STREET 121 TERIWOOD STREET
 FERN PARK, FL 32730 US FERN PARK, FL 32730 US

DO NOT WRITE IN THIS SPACE



01302005No Chg-LLC CR2E083 (10/03)

4. FEI Number 36-4549038	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
 LEGALZOOM NEVADA, INC.
 44 W. FLAGLER ST.
 SUITE 675
 MIAMI, FL 33130

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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 reconstating)

Filing Fee is \$50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, JAMES T 121 TERIWOOD STREET FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, JAMES T JR 121 TERIWOOD STREET FERN PARK, FL 32730
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIZZINO, MARY A 121 TERIWOOD STREET FERN PARK, FL 32730
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 04/13/05-80086-022 50.00

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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: *Mary A. Trizzino* MARY A. TRIZZINO 4/11/05 9542550533
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #