



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/11/2005-90030-049-\$50.00-\$50.00

| | | | |
|--|--|---|---|
| DOCUMENT # L04000058365 1. Entry Name ADR CONSTRUCTION, LLC | |  | |
| Principal Place of Business 1637 HIGHWAY 2 WESTVILLE, FL 32464 | | Mailing Address 1637 HIGHWAY 2 WESTVILLE, FL 32464 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 35-2235487 | | 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 ROYALS, ASA 1637 HIGHWAY 2 WESTVILLE, FL 32464 | | 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when necessary.</small> | | | |
| Filing Fee is \$50.00 Due by May 15, 2006 | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM ROYALS, ASA 1637 HIGHWAY 2 WESTVILLE, FL 32464 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input 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 |
| 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 authorized to execute this report as required by Chapter 606, Florida Statutes. | | | |
| SIGNATURE:  | | 3/5/04 | |
| SIGNATURE AND TITLE OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | DATE | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072005 Cng-LLC CR2E083 (10/03)