

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90286 034 ****55.00

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02092006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L02000016992 1. Entity Name ADP ENTERPRISES, LLC			
Principal Place of Business 4600 MOBILE HWY STE. 9 #194 PENSACOLA, FL 32506		Mailing Address 4600 MOBILE HWY STE. 9 #194 PENSACOLA, FL 32506	
2. Principal Place of Business <i>1108-C N. 12th Ave.</i>		3. Mailing Address <i>1108-C N. 12th Ave.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Pensacola, FL</i>		City & State <i>Pensacola, FL</i>	
Zip <i>32501</i>		Zip <i>32501</i>	
Country <i>Escombia</i>		Country <i>Escombia</i>	
4. FEI Number 58-2406175		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSLEY, JASON 220 WEST GARDEN STREET SUITE 606 PENSACOLA, FL 32502		7. Name and Address of New Registered Agent Name <i>JASON MOSLEY</i> Street Address (P.O. Box Number is Not Acceptable) <i>1108-C N. 12th Ave.</i> City <i>PENSACOLA</i> FL Zip Code <i>32501</i>	
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: _____ (NOTE: Registered Agent signature required when reissuing) DATE: _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POWELL, ALICE A 4600 MOBILE HWY., STE 9, #194 PENSACOLA, FL 32506	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Powell, Alice A. 1108-C N. 12th Ave. Pensacola, FL 32501
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, DANNY W 4600 MOBILE HIGHWAY SUITE 9 #194 PENSACOLA, FL 32506	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
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
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: <i>A. POWELL</i>		Date: <i>3/17/06</i> Daytime Phone #: <i>850-456-3051</i>	