


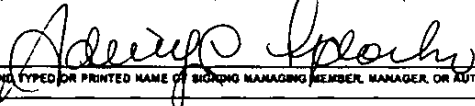


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000093058		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OCT 31 PM 4:56	
1. Entity Name ADE NEZ REAL ESTATE LLC Ph. 772 873 8558			
Principal Place of Business 6765 SW 39 CT DAVE, FL 33314 US		Mailing Address 6765 SW 39 CT DAVE, FL 33314 US	
2. Principal Place of Business		3. Mailing Address Some	
 52-N.W. Dover ct. Port St. Lucie - FL 34983		Suite, Apt. #, etc. City & State City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3819128		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 SYDORKO, ADEINEZ C 6765 SW 39 CT DAVE, FL 33314 Adelinez Sydorbo 452 NW DOVER CT P.S.L - FL 34983		7. Name and Address of New Registered Agent Name: Adeinez Sydorbo Street Address (P.O. Box Number is Not Acceptable) 452 NW DOVER CT City: P.S.L. FL Zip Code: 34983	
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 reinstating) 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  Adeinez Sydorbo 452 NW Dover Ct. Port St. Lucie, FL 34983-3414		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	
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: 		Date: 08-15-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

REINSTATEMENT 2006