


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000093058</b>	
1. Entity Name <b>ADE NEZ REAL ESTATE LLC</b>	

Principal Place of Business <b>452 N.W. DOVER CT. PORT ST. LUCIE, FL 34983 US</b>	Mailing Address <b>452 N.W. DOVER CT. PORT ST. LUCIE, FL 34983 US</b>
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**DO NOT WRITE IN THIS SPACE**



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>59-3819128</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**SYDORKO, ADEINEZ C  
452 N.W. DOVER CT.  
PORT ST. LUCIE, FL 34983**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SYDORKO, ADEINEZ C 452 N.W. DOVER CT. PORT ST. LUCIE, FL 34983</b>
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U000000815469  
02/14/08-80010-016 138.75

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:**  **02/09/08** **772 873 8558**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #