


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000001586			
1. Entity Name ADAMS HOLDINGS, LLLP			
Principal Place of Business 709 NE 3RD STREET BELLE GLADE, FL 33430		Mailing Address 709 NE 3RD STREET BELLE GLADE, FL 33430	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent NOWICKI, MARK J 14155 US HWY. ONE, STE. 210 JUNO BEACH, FL 33408		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ADAMS, FRANCES E TRUSTEE	STREET ADDRESS	
NAME	709 NE 3RD STREET	CITY - ST - ZIP	
STREET ADDRESS	BELLE GLADE, FL 33430		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY - ST - ZIP			
14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.			
SIGNATURE: <i>Donna A. Roberts</i>		02/22/07 561-993-0990	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



02222007 Chg-LP CR2E003 (12/06)

4. FEI Number
02-0668737

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

STAPLE CHECK HERE

U00000650283
03/08/07-80006-007 500.00