2005 LIMITED LIABILITY COMPANY

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ANNUAL REPORT				Apr 01, 2005 08:00 A	
DOCUMENT # L0000008037 1. Entity Name ADERGY, L.L.C.			Secretary of State		
100 MCCLUF	RE DR 100	g Address MCCLURE DR. F BREEZE, FL 32561		 	
DO NOT WRITE IN THIS SPAC			CE	03302005 No Chg-LLC	CR2E083 (10/03)
				FEI Number 59-3666530 Certificate of Status Desired	Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Current Registere	ed Agent			, ce riodaxea
GREENFIELD, JOHN H C/O ADERGY LLC 100 MCCLURE DR. GULF BREEZE, FL 32561			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. Signature, typed or printed name of registered agent and tille if applicable. (NOTE: Registered Agent signature required when renetating) DATE					
Filing Fee is \$50.00 Due by May 1, 2005			1000000284204 04/01/05-80056-022 55.00		
9.	MANAGING MEMBERS/MANA	AGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENFIELD, JOHN 1050 LIONSGATE LANE GULF BREEZE, FL 32563	·			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				DO NOT W	
NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SP	ACE
NAME STREET ADDRESS CITY-ST-ZIP				-	
NAME					

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 truetee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE

CITY-ST-ZIP