2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014482

Entity Name: ADAMS ENTERPRISES OF BOCA RATON, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
695 SW RIVER BEND CIRCLE STUART, FL 34997	1523 SE TIDEWATER PLACE STUART, FL 34997

Current Mailing Address:	**New Mailing Address:**
P.O. BOX 2167 PALM CITY, FL 34991	

FEI Number: 65-0970007   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
PLUMMER, THOMAS H 695 SW RIVER BEND CIRCLE STUART, FL 34997 US	PLUMMER, THOMAS H 1523 SE TIDEWATER PLACE STUART, FL 34997 US

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.

SIGNATURE: _____   05/05/2008

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:	**ADDITIONS/CHANGES:**
Title: MGRM ( ) Delete Name: PLUMMER, THOMAS Address: 695 SW RIVER BEND CIRCLE City-St-Zip: STUART, FL 34997	Title: MGRM (X) Change ( ) Addition Name: PLUMMER, THOMAS Address: 1523 SE TIDEWATER PLACE City-St-Zip: STUART, FL 34997
Title: MGRM ( ) Delete Name: PLUMMER, JEROME Address: 6352 DUCKWOOD ROAD City-St-Zip: LAKE WORTH, FL 33467	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS PLUMMER   MMGR   05/05/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date