

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000015669

1. Entity Name
ADK UNIVERSAL, LLC



Principal Place of Business

1744 N BELCHER RD
SUITE 200
CLEARWATER, FL 33765

Mailing Address

1744 N BELCHER RD
SUITE 200
CLEARWATER, FL 33765



01042007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3698188

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KLEIN, STEVEN G
2040 N.E. COACHMAN RD.
CLEARWATER, FL 33765

**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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

000000589570
01/18/07-80024-017 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KLEIN, STEVEN G
1744 N BELCHER RD SUITE 200
CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MADOW, EVAN J
1744 N BELCHER RD SUITE 200
CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PIPER, DAVID
1744 N BELCHER RD SUITE 200
CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOKOLOV, MARK
1744 N BELCHER RD SUITE 200
CLEARWATER, FL 33765

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/10/07