


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000006101</b> 1. Entity Name AD'S ENTERPRISES, L.L.C.	
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Principal Place of Business 7725 NW 146 STREET MIAMI LAKES, FL 33016	Mailing Address 7725 NW 146 STREET MIAMI LAKES, FL 33016
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01082004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 04-3590954	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BRODIE, SIDNEY Z ESQ. 7270 NW 12TH ST., PH-I MIAMI, FL 33126
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**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, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, ROLANDO 7725 NW 146 STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, ROLANDO J 7725 NW 146 STREET MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RODRIGUEZ, JORGE 7725 NW 146 STREET MIAMI LAKES, FL 33016
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05/03/04-80096-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 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 #