

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000015164

1. Entity Name
ADAMA DEVELOPMENT, L.L.C.



Principal Place of Business
**109 N. BRUSH ST., SUITE 440
TAMPA, FL 33602**

Mailing Address
**109 N. BRUSH ST., SUITE 440
TAMPA, FL 33602**



04262005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3746204

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**HOBBY, CLARKE G
109 N. BRUSH ST., SUITE 440
TAMPA, FL 33602**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GUYTON, J. BRYAN
STREET ADDRESS	109 N BRUSH STREET, SUITE 440
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGR
NAME	MCREEL, MARICA C
STREET ADDRESS	109 N BRUSH ST STE 440
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000349960
05/02/05-80086-009 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)(f), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #