2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAY 10 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000015164

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

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

DO NOT WRITE IN THIS SPACE

04272007No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3746204

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

Filing Fee is $50.00
Due by May 1, 2007

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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/16/07--01007--002 **450.00

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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: _____ 4/27/07 813-224-0822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #