

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016381

FILED  
May 30, 2005  
Secretary of State

Entity Name: ADDUCE, LLC

## Current Principal Place of Business:

PO BOX 541521  
ORLANDO, FL 328541521 US

## New Principal Place of Business:

1737 KALEYWOOD COURT  
ORLANDO, FL 32806 US

## Current Mailing Address:

PO BOX 541521  
ORLANDO, FL 328541521 US

## New Mailing Address:

1737 KALEYWOOD COURT  
ORLANDO, FL 32806 US

FEI Number: 59-3746586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:

FELDMAN, STEVEN E  
4328 LAKE UNDERHILL ROAD  
C  
ORLANDO, FL 32803 US

## Name and Address of New Registered Agent:

FELDMAN, STEVEN E  
1737 KALEYWOOD COURT  
ORLANDO, FL 32806 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:

05/30/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: FELDMAN, STEVEN E  
Address: 900 VASSAR STREET  
City-St-Zip: ORLANDO, FL 32804 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: FELDMAN, STEVEN E  
Address: 1737 KALEYWOOD COURT  
City-St-Zip: ORLANDO, FL 32806 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STEVEN E FELDMAN

MR.

05/30/2005

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