

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016794

Entity Name: AD SPECIALISTS LLC

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

2005 W. CYPRESS CREEK RD. SUITE 104
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

5301 NW 35TH TERRACE
FT. LAUDERDALE, FL 33309

Current Mailing Address:

2005 W. CYPRESS CREEK RD. SUITE 104
FT. LAUDERDALE, FL 33301

New Mailing Address:

5301 NW 35TH TERRACE
FT. LAUDERDALE, FL 33309

FEI Number: 65-1141744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE, FL 323010000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: POTTS, SEAN
Address: 1955 SE 19TH AVENUE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: VP (X) Delete
Name: BARRETT, MALINDA
Address: 1955 SE 19TH AVENUE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POTTS, SEAN
Address: 1955 SE 19TH AVENUE
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SEAN POTTS

MGR

03/28/2005

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