


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L02000006714</b> 1. Entity Name <b>ADDY'S INN LLC</b>	
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Principal Place of Business <b>330 NORTH TAMiami TRAIL NOKOMIS, FL 34275 US</b>	Mailing Address <b>330 NORTH TAMiami TRAIL NOKOMIS, FL 34275 US</b>
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**DO NOT WRITE IN THIS SPACE**



04122005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>03-0421966</b>	Applied For <input type="checkbox"/> 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  <b>GRIFFITH, MICHAEL 330 NORTH TAMiami TRAIL NOKOMIS, FL 34275</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**Filing Fee is \$50.00  
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFITH, ADDY 330 NORTH TAMiami TRAIL NOKOMIS, FL 34275
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRIFFITH, MICHAEL 330 NORTH TAMiami TRAIL NOKOMIS, FL 34275
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04/15/05-80070-003 50.00

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: 	4-13-05	941-488-7990
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>