

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

0046227

DOCUMENT # L02000008879

1. Entity Name
ADAM WOLFE, LLC



04-14-2003 90002 017 ****50.00

Principal Place of Business: 2715 EVERGREEN DRIVE, EDGEWATER FL 32141
Mailing Address: 2715 EVERGREEN DRIVE, EDGEWATER FL 32141

2. Principal Place of Business: *Same as above*
3. Mailing Address: *Same as above*



CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number: **33-0998719**
Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired: \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIEBIS, DANIEL S
3890 TURTLE CREEK DRIVE STE B-1
PORT ORANGE FL 32127

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, ADAM 2715 EVERGREEN DRIVE EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WOLFE, JENNIFER 2715 EVERGREEN DRIVE EDGEWATER FL 32141	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Adam Wolfe* **APPROVED** *April 8, 2003 (386) 690-9050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)