


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 25, 2005 8:00 am**  
**Secretary of State**

01-25-2005 90084 044 \*\*\*\*50.00

<b>DOCUMENT # L02000014747</b> 1. Entity Name <b>ADIRONDACK INVESTMENTS, L.L.C.</b>					
Principal Place of Business <b>2025 5TH ST SOUTH NAPLES, FL 34102</b>			Mailing Address <b>2025 5TH ST SOUTH NAPLES, FL 34102</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>11-3658081</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>KELLY, BRIAN J 2025 5TH STREET SOUTH NAPLES, FL 34102</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PENTEN, KATE K 744 HUNTINGTON CT LAKE ZURICH, IL 60047		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DENTEN, KATE K 744 HUNTINGTON CT LAKE ZURICH, IL 60047	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, DANIEL J 2025 5TH ST S NAPLES, FL 34102		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, DANIEL J 912 QUEEN ST CAPE MAY, NJ 08204	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPACKMAN, ELIZABETH 912 QUEEN ST. CAPE MAY, NJ 08204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, PATRICK D 7805 LINDEN ROAD WYNDMOOR, PA 190388542		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, MICHAEL D 31 EAST SPRINGFIELD AVE. PHILADELPHIA, PA 19118		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, MICHAEL D 8007 LINCOLN DR PHILA. PA. 19118	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	
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.					
<b>SIGNATURE:</b> <u>Brian J Kelly</u> <b>BRIAN J KELLY</b> <u>1/18/05</u> <u>239 435 1643</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					