


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L02000014747 1. Entity Name ADIRONDACK INVESTMENTS, L.L.C.	
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Principal Place of Business 2025 5TH ST SOUTH NAPLES, FL 34102	Mailing Address 2025 5TH ST SOUTH NAPLES, FL 34102
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02012006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-3658081	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KELLY, BRIAN J 2025 5TH STREET SOUTH NAPLES, FL 34102
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
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 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	MGRM KELLY, PATRICK D 7805 LINDEN ROAD WYNDMOOR, PA 190388542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, MICHAEL D 8007 LINCOLN DR PHILADELPHIA, PA 19118
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000423465
02/18/06-80003-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Brian J Kelly* 2/2/06 339-435-1643
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #