
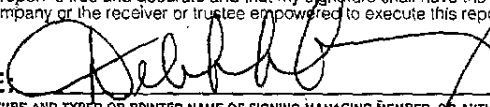


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000017291		
1. Entity Name ADAK ON COLONIAL, L.L.C.		
Principal Place of Business 405 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	Mailing Address 405 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FOLEY, DEBORAH 405 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901		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 (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2005		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FOLEY, DEBORAH A 405 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		4/28/05 321-952-6457



04222005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 05-0525681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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05/04/05-80133-024 50.00