2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2004
Secretary of State

DOCUMENT# L02000021058

Entity Name: ADMA OF S.W. FLORIDA, LLC

Current Principal Place of Business:

6400 TECHSTER BLVD.
FORT MYERS, FL 33912

New Principal Place of Business:

15051 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

Current Mailing Address:

6400 TECHSTER BLVD.
FORT MYERS, FL 33912

New Mailing Address:

15051 S. TAMIAMI TRAIL
FORT MYERS, FL 33908

FEI Number: 59-2656843 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COSTELLO, TRUMAN J ESQ
12670 NEW BRITTANY BLVD., SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: MARINO, STEVEN L
Address: 6400 TECHSTER BLVD
City-St-Zip: FORT MYERS, FL 33912

Title: MGR ( ) Delete
Name: PIDKINS, EDWARD D
Address: 15051 S. TAMIAMI TRAIL, STE 203
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ADKINS, EDWARD D
Address: 15051 S. TAMIAMI TRAIL, SUITE 203
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM (X) Change ( ) Addition
Name: SKY'S UNLIMITED, INC, .
Address: PO BOX 530061
City-St-Zip: ORLANDO, FL 32853

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD D. ADKINS MGR 04/21/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date