

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021879

FILED
Apr 12, 2004
Secretary of State

Entity Name: ASSET DEVELOPMENT GROUP, LLC

Current Principal Place of Business:

5269 WATER VALLEY DRIVE
MIAMI, FL 32303 US

New Principal Place of Business:

118 SALEM COURT
SUITE A
TALLAHASSEE, FL 32301 US

Current Mailing Address:

5269 WATER VALLEY DRIVE
MIAMI, FL 32303 US

New Mailing Address:

POST OFFICE BOX 4045
TALLAHASSEE, FL 32315 US

FEI Number: 72-1547513

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POOLE, ANGELA M CPA
5269 WATER VALLEY DRIVE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

POOLE, ANGELA M CPA
118 SALEM COURT
SUITE A
TALLAHASSEE, FL 32301 US

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:

04/12/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: POOLE, ANGELA M CPA
Address: 5269 WATER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: MGRM () Delete
Name: POOLE, COREY D
Address: 5269 WATER VALLEY DRIVE
City-St-Zip: TALLAHASSEE, FL 32303 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: POOLE, ANGELA M CPA
Address: POST OFFICE BOX 4045
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM (X) Change () Addition
Name: POOLE, COREY D
Address: POST OFFICE BOX 4045
City-St-Zip: TALLAHASSEE, FL 32315 US

Title: MGR () Change (X) Addition
Name: MOSS, DORIS L
Address: P.O. BOX 180896
City-St-Zip: TALLAHASSEE, FL 32318 US

Title: MGR () Change (X) Addition
Name: RONALD, MALLARY T
Address: 1505 W. THARPE STREET
City-St-Zip: TALLAHASSEE, FL 32303

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: ANGELA M POOLE

MGR

04/12/2004

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