2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

Apr 23, 2004 08:00 AM Secretary of State DOCUMENT # L02000029143 1. Entity Name A.D.G., L.L.C. Principal Place of Business Mailing Address 1970 MAIN STREET 1970 MAIN STREET SARASOTA, FL 34236 SARASOTA, FL 34236 04092004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 03-0495954 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DUNHAM, JOHN R DO NOT WRITE 2 NORTH TAMIAMI TRAIL SARASOTA, FL 34236 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) Filing Fee is \$50.00 Due by May 1, 2004 U00000126855 04/23/04-80050-014 50.00 MANAGING MEMBER\$/MANAGERS 9. MRG TITLE BARONI, DANIELE NAME STREET ADDRESS 1970 MAIN STREET CITY-ST-ZIP SARASOTA, FL 34236 MGRM IMF MIGLIORINI, GIOVANNI NAME 1298 N. PALM AVENUE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 TITLE MGRM ROSSI, ALESSANDRO NAMS STREET ADDRESS 1970 MAIN STREET DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34236 IN THIS SPACE TITLE NAME STREET ADDRESS

FILED

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.

SIGNATURE: < SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Daylime Phone #