2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

STREET ADDRESS CITY-ST-ZIP

Apr 21, 2005 8:00 am Secretary of State DOCUMENT # L02000029143 04-21-2005 90030 016 ****50.00 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 03012005 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 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) DATE Filing Fee Is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. MRG TITLE BARONI, DANIELE NAME STREET ADDRESS 1970 MAIN STREET SARASOŤA, FL 34236 CITY-ST-ZIP TITLE MIGLIORINI, GIOVANNI NAME STREET ADDRESS 1298 N. PALM AVENUE SARASOTA, FL 34236 CITY-ST-ZIP MGRM TITLE ROSSI, ALESSANDRO NAME STREET ADDRESS 1970 MAIN STREET DO NOT WRITE CITY-ST-ZIP SARASOTA, FL 34236 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMÉ STREET ADDRESS CITY-ST-ZIP TOTE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 of trustee empowered to execute this report as required by Chapter 608, Fiorida Statutes.

FILED