2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

04-23-2004 90017 002 ****50.00

DOCUMENT # L03000006472

1. Entity Name
AD FINANCIAL GROUP LLC

03172004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
101 SOUTH HALL LANE, SUITE 400 MAITLAND, FL 32751	101 SOUTH HALL LANE, SUITE 400 MAITLAND, FL 32751

2. Principal Place of Business		3. Mailing Address	
1800 Pembrook Dr.		1800 Pembrook	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.: Suite 300	
City & State: Orlando FL		City & State: Orlando FL	
Zip: 32810	Country: Orange	Zip: 32810	Country: Orange

4. FEI Number: 76-0725306 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ARNOLD, MATHENY & EAGAN, P.A.
801 N. MAGNOLIA AVENUE, SUITE 201
ORLANDO, FL 32802

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Anthony Deemer 4-20-04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anthony Deemer 1800 Pembrook Dr. Suite 300 Orlando FL 32810	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Anthony Deemer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #