

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013108

Entity Name: ADG INVESTMENT, LLC

FILED  
Jan 11, 2007  
Secretary of State

**Current Principal Place of Business:**

1726 VICTORIA POINTE CR  
WESTON, FL 33327

**New Principal Place of Business:**

**Current Mailing Address:**

1726 VICTORIA POINTE CR  
WESTON, FL 33327

**New Mailing Address:**

FEI Number: 56-2343937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PONCE, LUIS  
1726 VICTORIA POINTE CR  
WESTON, FL 33327 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/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HERNANDEZ, GUSTAVO  
Address: 712 JUNIPER LANE  
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete  
Name: PONCE, LUIS  
Address: 1726 VICTORIA POINTE CR  
City-St-Zip: WESTON, FL 33327

Title: MGR ( ) Delete  
Name: MERIDA, CARLOS  
Address: 18896 SW 28TH COURT  
City-St-Zip: MIRAMAR, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LUIS PONCE

MGR

01/11/2007

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