

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019951

1. Entity Name
JAMES L. ADE, P.L.



Principal Place of Business
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207

Mailing Address
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2367209

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ADE, JAMES L
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207

**DO NOT WRITE
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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ADE, JAMES L
841 PRUDENTIAL DRIVE STE 1400
JACKSONVILLE, FL 32207

TITLE
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U00000789377
01/22/08-80023-003 138.75

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: James L. Ade
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

January 15, 2008 904-858-0123

Date

Daytime Phone #