


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90030 013 \*\*\*\*50.00

**DOCUMENT # L03000033742**

1. Entity Name  
 ADMV SUCCESSION, LLC



Principal Place of Business  
 2230 NORTH U.S. HIGHWAY 301  
 TAMPA, FL 33619

Mailing Address  
 2230 NORTH U.S. HIGHWAY 301  
 TAMPA, FL 33619

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country



03282006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
 77-0616295

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

CHRISTIANSEN, JOHN  
 2230 NORTH U.S. HIGHWAY 301  
 TAMPA, FL 33619

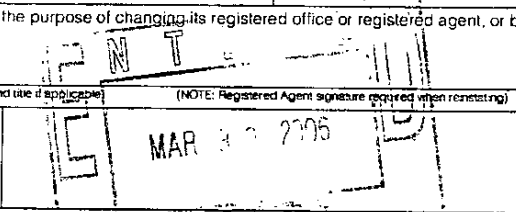
7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**



Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHRISTIANSEN, JOHN 2230 N US HWY 301 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JACKSON, JOHN 2230 N US HWY 301 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MACKINNON, ALEX 2230 N US HWY 301 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NOBLES, BILL 2230 N US HWY 301 TAMPA, FL 33619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rauchmiller, Lisa 2230 N. US Hwy 301 TAMPA, FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: A.D. Mackinnon A.D. Mackinnon  
 Date: 3-29-06 Daytime Phone #: 813621-4671