

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000046818

Entity Name: ADK PROPERTIES EAST, LLC

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13745 CHATSWORTH LANE  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

802 PROVIDENCE ISLAND CT.  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

PO BOX 50186  
JACKSONVILLE BEACH, FL 32240

**New Mailing Address:**

PO BOX 330906  
ATLANTIC BEACH, FL 32233

FEI Number: 20-0428797

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FRAZIER, ROBERT  
1515 RIVERSIDE AVENUE  
SUITE A  
JACKSONVILLE, FL 32204 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: MGR  
Name: KUELPMAN, ANNELL S  
Address: 802 PROVIDENCE ISLAND CT.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR  
Name: KUELPMAN, DOUGLAS R  
Address: 802 PROVIDENCE ISLAND CT.  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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: DOUGLAS R KUELPMAN

MGR

04/09/2010

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