## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PR

Apr 26, 2005 08:00 AM DOCUMENT # L03000048744 Secretary of State 1. Entity Name ADULLAM STRATEGY, LLC Principal Place of Business Mailing Address 16204 TALA VERA DE AVILA 16204 TALA VERA DE AVILA **TAMPA, FL 33613** TAMPA, FL 33613 04122005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 20-0675595 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, RANDELL ESQ DO NOT WRITE HINES, NORMAN, HINES & SULLIVAN, P.L. 315 SOUTH HYDE PARK AVENUE IN THIS SPACE TAMPA, FL 33606 \_\_ 3. 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2005 U00000332355 MANAGING MEMBERS/MANAGERS <del>04/25/05-80054-024-50.00</del> 9. MGR TITLE NAME AUGUSTINE, STEVEN J STREET ADDRESS 16204 TALAVERA DE AVILA CITY-ST-ZIP TAMPA, FL 33613 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CDY-ST-78 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes, I further certify that the information indicated on this report is true and securate 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 regerver or trueffer empowered to execute this report as required by Chapter 608, Florida Statutes.

**FILED** 

0110-E3P(8B)