

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90062 032 \*\*\*\*50.00

**DOCUMENT # L03000051696**

1. Entity Name

**ADAMS HOLDINGS, LLC**



Principal Place of Business

**POST OFFICE BOX 216  
DESTIN FL 32541  
US**

Mailing Address

**POST OFFICE BOX 216  
DESTIN FL 32541  
US**

**34005630**



MOORE CR2E083 (11/03)

2. Principal Place of Business

**970 Highway 98 East**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 105**

City & State

**Destin, FL**

City & State

Zip

**32540 (1)**

Country

**Okaloosa**

Zip

**32540**

Country

4. FEI Number  
**20-0610962**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name

**James F. Adams**

Street Address (P.O. Box Number is Not Acceptable)

**970 Highway 98 East, Suite 106**

City

**Destin**

**FL**

Zip Code  
**32541**

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

*James F. Adams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-22-04**

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President & Secretary** ☐ Delete  
**James F. Adams**  
**4121 Indian Trail**  
**Destin, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Vice President** ☐ Delete  
**Peggy H. Adams**  
**4121 Indian Trail**  
**Destin, FL 32541**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 F. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4-22-04**

Date

Daytime Phone #