


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90099 004 ****50.00

DOCUMENT # L03000051696 1. Entity Name ADAMS HOLDINGS, LLC					
Principal Place of Business 970 HWY 98 EAST STE 105 DESTIN, FL 32541 US			Mailing Address POST OFFICE BOX 216 DESTIN, FL 32541 US		
2. Principal Place of Business 970 HWY 98 EAST Suite, Apt. #, etc. STE 106		3. Mailing Address Suite, Apt. #, etc.			
City & State Destin, FL		City & State			
Zip 32541	Country US	Zip	Country	4. FEI Number 20-0610962	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ADAMS, JAMES V 970 HWY 98 EAST STE 105 DESTIN, FL 32541				7. Name and Address of New Registered Agent Name ADAMS, JAMES F Street Address (P.O. Box Number is Not Acceptable) 970 HWY 98 EAST STE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADAMS, JAMES F 4121 INDIAN TRAIL DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, PEGGY H 4121 INDIAN TRAIL DESTIN, FL 32541	<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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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				
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: <u>James F. Adams</u> James F. Adams 4/26/05 850-837-3145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					