

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000051696**

1. Entity Name  
**ADAMS HOLDINGS, LLC**



Principal Place of Business <b>970 HWY 98 EAST          SUITE 106          DESTIN, FL 32541 US</b>	Mailing Address <b>POST OFFICE BOX 216          DESTIN, FL 32541 US</b>
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**DO NOT WRITE IN THIS SPACE**



05092007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>20-0610962</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, JAMES F.  
 970 HWY 98 EAST  
 SUITE 106  
 DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ADAMS, JAMES F 4121 INDIAN TRAIL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ADAMS, PEGGY H 4121 INDIAN TRAIL DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000763601  
 05/30/07-80017-003 50.00

**DO NOT WRITE IN THIS SPACE**

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:** *James F. Adams*      **5/1/07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #