


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Sep 06, 2005 08:00 AM  
Secretary of State

|                                      |   |
|--------------------------------------|---|
| DOCUMENT # L03000055668              |  |
| 1. Entity Name<br>MARK B. ADAMS, LLC |   |

|  |  |
|--|--|
| Principal Place of Business<br>9288 SW RACCOON TRAIL<br>ARCADIA FL 34266<br>US | Mailing Address<br>9288 SW RACCOON TRAIL<br>ARCADIA FL 34266<br>US |
|--|--|



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

2nd MOORE CR2E083 (5/05)

|  |  |
|--|--|
| 4. FEI Number<br>20-0511346  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required                         |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><br>ADAMS, MARK B<br>9288 SW RACCOON TRAIL<br>ARCADIA FL 34266 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
|---|---|

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

| 9. MANAGING MEMBERS/MANAGERS                     |   | 10. ADDITIONS/CHANGES                            |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | MGR<br>ADAMS, MARK B<br>9288 SW RACCOON TRAIL<br>ARCADIA FL 34266 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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09/07/05-80005-001 55.00

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: 