


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000004750 1. Entity Name ADAK AT MAINGATE, LLC	
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Principal Place of Business 405 E STRAWBRIDGE AVE MELBOURNE, FL 32901	Mailing Address 405 E STRAWBRIDGE AVE MELBOURNE, FL 32901
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04272006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-0752184	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DETTMER, DALE A ESQ 304 S. HARBOR CITY BLVD, STE 201 MELBOURNE, FL 32901

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FOLEY, DEBORAH 405 E. STRAWBRIDGE AVE. MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KARIMPEUR, FARHAD 12833 MANOLIA PT. BLVD. CLERMONT, FL 34711
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05/17/06-80132-010 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:  **4/27/06 221.952.6457**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #