

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004750

Entity Name: ADAK AT MAINGATE, LLC

FILED  
Apr 15, 2009  
Secretary of State

**Current Principal Place of Business:**

405 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

405 E STRAWBRIDGE AVE  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 20-0752184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DETTMER, DALE A ESQ  
304 S. HARBOR CITY BLVD, STE 201  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FOLEY, DEBORAH  
Address: 405 E. STRAWBRIDGE AVE.  
City-St-Zip: MELBOURNE, FL 32901

Title: MGR ( ) Delete  
Name: KARIMPOUR, FARHAD  
Address: 12833 MAGNOLIA PT. BLVD.  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FOLEY, DEBORAH A  
Address: 405 E. STRAWBRIDGE AVE.  
City-St-Zip: MELBOURNE, FL 32901

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DEBORAH A FOLEY

MGRM

04/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date