


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90181 008 ****55.00

DOCUMENT # L04000007490 1. Entity Name ADA ENTERPRISES, LLC					
Principal Place of Business 1409 KINGSLEY AVENUE, SUITE 6-A ORANGE PARK, FL 32073			Mailing Address 1409 KINGSLEY AVENUE, SUITE 6-A ORANGE PARK, FL 32073		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HARRIS, GENE A 1409 KINGSLEY AVENUE, SUITE 6-A ORANGE PARK, FL 32073				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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 _____					
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	MGRM HARRIS, GENE A 1409 KINGSLEY AVENUE, SUITE 6-A ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HARRIS, NIMFA P 1409 KINGSLEY AVENUE, SUITE 6-A ORANGE PARK, FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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: GENE A. HARRIS, MANAGING MEMBER		Jan. 14, 2005		(904) 264-7517	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

20002393



01062005 Chg-LLC CR2E083 (10/03)

4. FEI Number **34-1975962** Applied For Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**