

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000010546

1. Entity Name
ADRIANVEST, LLC



Principal Place of Business
**8445 YORKE RD
WELLINGTON FL 33414**

Mailing Address
**8445 YORKE RD
WELLINGTON FL 33414**



02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0707453

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fees Required

8. Name and Address of Current Registered Agent

**SALVER, PAUL ESQ
2721 EXECUTIVE PARK DR, STE 3
WESTON, FL 33331**

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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 reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PALMER, DANIEL
8445 YORKE RD.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
PALMER, JANET
8445 YORKE RD.
WELLINGTON, FL 33414**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 805, Florida Statutes.

Daniel H Palmer

2-16-06

MEMBER