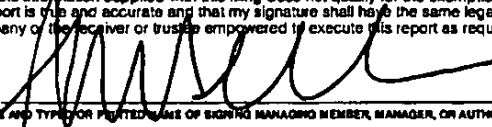


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 07, 2005 8:00 am
Secretary of State

04-29-2005 90062 031 ****50.00

DOCUMENT # L04000026917					
1. Entity Name ADAMATMAR, LLC					
Principal Place of Business 7044 BEECHMONT TERRACE BRADENTON, FL 34202			Mailing Address C/O ALYSSA M. SELLS, ESQ. 1800 SECOND STREET, SUITE 720 SARASOTA, FL 34236		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 134278220	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SELLS, ALYSSA M ESQ. 1800 SECOND STREET, SUITE 720 SARASOTA, FL 34236				7. Name and Address of New Registered Agent 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 reappointing) 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 LYCHNER, JOE 11 WILDOAK CIRCLE HOUSTON, TX 77055	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Doug Montgomery 4632 Channing Pkwy Rock Hill, SC 29732	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOGARTH, T. CLEVELAND 4120 COLONY COURT SUGAR LAND, TX 77479	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Michael Montgomery 7044 Beechmont Terrace Bradenton, FL 34202	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 606, Florida Statutes.					
SIGNATURE: 			4/28/05 (941) 363-0110		
SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		