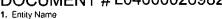
2008 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000026982





Feb 04, 2008 8:00 am

Secretary of State

02-04-2008 90134 038 ***138.75

ADAMS TRUSS PROPERTIES, LLC 60005737 Principal Place of Business Mailing Address 2970 PLANTATION ROAD 2970 PLANTATION ROAD WINTER HAVEN, FL 33884 WINTER HAVEN, FL 33884 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01152008 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-0968717 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ADAMS, GREGORY J 1801 7TH STREET S.W. Street Address (P.O. Box Number is Not Acceptable) WINTER HAVEN, FL 33880 City 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. Fam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agen; signature required when reinstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition ADAMS, GREGORY J NAME NAME STREET ADDRESS 2970 PLANTATION ROAD STREET ADDRESS CITY-ST-ZIP WINTER HAVEN, FL 33884 CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NABAR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby 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.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PR

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

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Change

☐ Change

Addition

Addition