


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90209 024 ****50.00

DOCUMENT # L04000039746 1. Entity Name ADAMS & SEWELL ENTERPRISES, LLC	
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Principal Place of Business ROUTE 4, BOX 2632 LAKE BUTLER, FL 32054	Mailing Address ROUTE 4, BOX 2632 LAKE BUTLER, FL 32054
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2. Principal Place of Business 7617 SW 157th Lane Suite, Apt. #, etc.	3. Mailing Address 7617 SW 157th Lane Suite, Apt. #, etc.
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City & State Lake Butler, FL Zip 32054 Country USA	City & State Lake Butler, FL Zip 32054 Country USA
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04032006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent ADAMS, BOBBY E ROUTE 4, BOX 2632 LAKE BUTLER, FL 32054 (SAME LOCATION - 911 Address finally assigned)	
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4. FEI Number 11-3720131	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

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 reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, BOBBY E ROUTE 4, BOX 2632 LAKE BUTLER, FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 608, Florida Statutes.

SIGNATURE: Bobby E. Adams **4-1-06** **386.496.4701**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
Bobby E. Adams