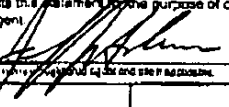
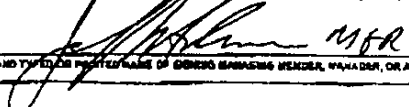


SECRET
DIVISION

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**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000047457			
1. Entity Name J & R ADAMS COMPANY, L.L.C.			
Principal Place of Business 12473 CRYSTAL POINTE DRIVE BOYNTON BEACH, FL 33437		Mailing Address 12473 CRYSTAL POINTE DRIVE BOYNTON BEACH, FL 33437	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt., #, etc.		Suite, Apt., #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
C7052007 Chg-LLC CR2E083 (12/06)		4. FEI Number 14-1912696	
		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JEFFREY 12473 CRYSTAL POINTE DR. APT 201 BOYNTON BEACH, FL 33437		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  MFR 7/5/07 (NOTE: Registered Agent signature required on this document.)			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADAMS, JEFFREY 12473 CRYSTAL POINTE DR. APT 201 BOYNTON BEACH, FL 33437 ☐ 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
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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 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; and 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:  MFR 7/5/07 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			