2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 10, 2005
Secretary of State

DOCUMENT# L04000050555

Entity Name: ADS ENTERPRISES, LLC

Current Principal Place of Business:

P.O. BOX 5318
TALLAHASSEE, FL 32314

New Principal Place of Business:

1003 N. MONROE STREET
TALLAHASSEE, FL 32303

Current Mailing Address:

P.O. BOX 5318
TALLAHASSEE, FL 32314

New Mailing Address:

FEI Number: 20-1349901 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GRAYSON ACCOUNTING & CONSULTING, P.A.
118 SALEM COURT
SUITE B
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: STEWART, ALVIN D JR.
Address: 2306 BYRNMAHR DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: OWNE (X) Change ( ) Addition
Name: STEWART, ALVIN D JR.
Address: 6157 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Change (X) Addition
Name: STEWART, LISA
Address: 6157 HEARTLAND CIRCLE
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALVIN D. STEWART, JR. OWNE 05/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date