

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050555

Entity Name: ADS ENTERPRISES, LLC

FILED  
Apr 28, 2006  
Secretary of State

**Current Principal Place of Business:**

1003 N. MONROE STREET  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**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 ( )

**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/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

04/28/2006

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