

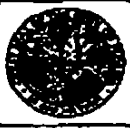
Aug 25 05 11:29a Micheal Olsher
08/25/2005 10:00
08/25/2005 08:57 FAX 561 984 4985 SACHS SAX KLEIN

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**2005 LIMITED LIABILITY COMPANY
AMENDED ANNUAL REPORT**

DOCUMENT # L04000059443			
1. Entity Name ADMO PROPERTIES, LLC			
Principal Place of Business 2700 NORTH MILITARY TRAIL SUITE 210 BOCA RATON, FL 33431		Mailing Address 2700 NORTH MILITARY TRAIL SUITE 210 BOCA RATON, FL 33431	
2. Principal Place of Business		3. Mailing Address	
Suta, Apt. #, etc.		Suta, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 08222005 Chg-LLC CR2E003 (10/05)		APPLIED FOR	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BULMAN, RICHARD C JR, ESQ C/O SACHS SAX KLEIN 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431		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 _____ Signature, word or printed name of registered agent and his or her application. (NOTE: Registered Agent signature required when renewing) DATE _____			
Amended AR is \$50.00			
B. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BULMAN, RICHARD C JR, ESQ 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOCTER, ALAN 101 WORTH AVE., # 5A PALM BEACH, FL 33480 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MICHAEL OLSHER PROPERTIES, LLC 2700 NORTH MILITARY TRAIL, SUITE 210 BOCA RATON, FL 33431 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SHARPHOLDER MICHAEL OLSHER PROPERTIES, LLC 2700 NORTH MILITARY TRAIL, SUITE 210 BOCA RATON, FL 33431 ☒ 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
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 exemption created in Section 119.07(3)(f), 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: <u>Micheal Olsher</u>		8/29/05 5613387200	
SIGNATURE AND PRINTED NAME OF MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE		DATE	