FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 AUG 31 AM 9:42

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000059443

1. Entity Name
ADMO PROPERTIES, LLC

Principal Place of Business	Mailing Address
2700 NORTH MILITARY TRAIL SUITE 210 BOCA RATON, FL 33431	2700 NORTH MILITARY TRAIL SUITE 210 BOCA RATON, FL 33431

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

08222005 Chg-LLC CR2E083 (10/99)

4. FEI Number
APPLIED FOR

Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BULMAN, RICHARD C JR, ESQ C/O SACHS SAX KLEIN 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. [NOTE: Registered Agent signature required when reinstating]

Amended AR is $550.00

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM BULMAN, RICHARD C JR, ESQ 301 YAMATO ROAD, SUITE 4150 BOCA RATON, FL 33431	☑ Delete	MGRM DOCIER, ALAN 101 NORTH 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	SHAREHOLDER MICHAEL OLSHER PROPERTIES, LLC 2700 NORTH MILITARY TRAIL, SUITE 210 BOCA RATON, FL 33431	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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09/15/05--01037--011 **50.00

11. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ 8/29/05 5613387200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #