

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

04-13-2005 90214 021 ****50.00

DOCUMENT # L04000068349					
1. Entity Name ADFHV, LLC					
Principal Place of Business 681 S.E. STREAMLET AVENUE PORT ST. LUCIE, FL 34983			Mailing Address 681 S.E. STREAMLET AVENUE PORT ST. LUCIE, FL 34983		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1643672	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent FOX, MARK 681 S.E. STREAMLET AVENUE PORT ST. LUCIE, FL 34983			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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	SEE ATTACHED FOR ALL MEMBERS/ MANAGERS	
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		
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 4/5/05 Daytime Phone: _____		

ATTACHMENT
HL04000068349
3008562

EXHIBIT A
ADFHV, LLC

Manager: Mark Fox
389-88-6718
681 SE Streamlet Ave
Port Saint Lucie, FL 34983

15.625%
Plus personal guarantee of
company obligations

Manager: Tom Abrahamson
477-86-8921
6048 Pier Place Drive
Lakeland, FL 33813

34.375%
Plus personal guarantee of
company obligations

Member: Vivian Hagen
472-32-9097
1495 Benjamin ST. NE
Minneapolis, MN 55418

6.250%
Plus personal guarantee of
company obligations

Member: Carl Albert Hagen
473-20-2987
1495 Benjamin ST. NE
Minneapolis, MN 55418

6.250%
Plus personal guarantee of
company obligations

Member: Marc Viers
311-84-3923
6295 Niagara Court North
Maple Grove, MN 55311

12.500%
Plus personal guarantee of
company obligations

Member: Imre Havasi
610-44-7420
6836 Crescent Oak Circle
Lakeland, FL 33813

12.500%
Plus personal guarantee of
company obligations

Member: Martin Dudley
251-96-1076
410 Peavey Lane
Wayzata, MN 55391

12.500%
Plus personal guarantee of
company obligations