

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

06-14-2005 90051 002 \*\*\*\*50.00

20060152



06092005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # L04000073581</b> 1. Entity Name <b>ADAM SCOTT REALTY, LLC</b>																																	
Principal Place of Business <del>234 WEST RICH AVENUE</del> <del>DELAND, FL 32720</del>			Mailing Address <del>234 WEST RICH AVENUE</del> <del>DELAND, FL 32720</del>																														
2. Principal Place of Business <b>615 N. Palmetto Ct.</b> Suite, Apt. #, etc.		3. Mailing Address <b>615 N. Palmetto Ct.</b> Suite, Apt. #, etc.																															
City & State <b>DeLand, FL</b>		City & State <b>DeLand, FL</b>		4. FEI Number <b>20-1782796</b>																													
Zip <b>32720</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required																													
6. Name and Address of Current Registered Agent  <b>SCOTT, ADAM W</b> <del>234 WEST RICH AVENUE</del> <b>615 N. Palmetto Ave</b> <b>DELAND, FL 32720</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Adam Scott</i></u> (NOTE: Registered Agent signature required when reinstating) DATE																																	
<b>Filing Fee is \$50.00</b> <b>Due by September 7, 2005</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  <b>MGRM</b> President, VP, Sec, Treas, MGRM  <b>Adam Scott</b>  <b>615 N. Palmetto Ct.</b>  <b>DeLand, FL 32720</b> </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM</b> President, VP, Sec, Treas, MGRM <b>Adam Scott</b> <b>615 N. Palmetto Ct.</b> <b>DeLand, FL 32720</b>												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>																																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM</b> President, VP, Sec, Treas, MGRM <b>Adam Scott</b> <b>615 N. Palmetto Ct.</b> <b>DeLand, FL 32720</b>																																
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: <u><i>Adam Scott</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>6/9/05</u> Daytime Phone #																														