

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074327

FILED  
May 21, 2007  
Secretary of State

Entity Name: ANTEVORTE LLC

**Current Principal Place of Business:**

5424 36TH COURT E  
SUITE 103  
ELLENTON, FL 34222

**New Principal Place of Business:**

5824 115TH DRIVE E  
PARRISH, FL 34219

**Current Mailing Address:**

5424 36TH COURT E  
SUITE 103  
ELLENTON, FL 34222

**New Mailing Address:**

5824 115TH DRIVE E  
PARRISH, FL 34219

FEI Number: 20-1767747      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADKINS, DAVID J II  
5424 36TH COURT E  
SUITE 103  
ELLENTON, FL 34222 US

**Name and Address of New Registered Agent:**

ADKINS, DAVID J II  
5824 115TH DRIVE E  
PARRISH, FL 34219 US

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: \_\_\_\_\_

05/21/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ADKINS, DAVID J II  
Address: 5424 36TH COURT E #103  
City-St-Zip: ELLENTON, FL 34222

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ADKINS, DAVID J II  
Address: 5824 115TH DR E  
City-St-Zip: PARRISH, FL 34219 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID J ADKINS II

MGR

05/21/2007

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