

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90032 030 ****55.00

DOCUMENT # L05000004372					
1. Entity Name AD ENTERPRISES GROUP, LLC					
Principal Place of Business 365 5TH AVENUE SOUTH, #201 NAPLES, FL 34102			Mailing Address 365 5TH AVENUE SOUTH, #201 NAPLES, FL 34102		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03092006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 20-2175532	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, RICHARD C GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES, FL 34108			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 reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
			MGR MBR JACK ARMSTRONG 365 5TH AVE. S., STE 201 NAPLES, FL 34102		
			VICE PRESIDENT THOMAS A. MACIOWA 365 5TH AVE. S., STE 201 NAPLES, FL 34102	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Thomas A. MacIowa</i> THOMAS A. MACIOWA, V.P. 4/10/06 (234) 434-0600					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					