


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90327 010 ****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 - No P.O. Box # 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105		3. Mailing Address 3530 KRAFT ROAD SUITE 300 NAPLES, FL 34105			
City or State		City or State		4. FEI Number 20-2175532	
Zip 34105		Country FL		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGRM NAME ANTARAMIAN, JACK STREET ADDRESS 365 5TH AVE STE 201 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE ANTARAMIAN, JACK NAME 3530 KRAFT ROAD STREET ADDRESS SUITE 300 CITY-ST-ZIP NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME MACIVOR, THOMAS A STREET ADDRESS 365 5TH AVE STE 201 CITY-ST-ZIP NAPLES, FL 34102	<input type="checkbox"/> Delete		TITLE MACIVOR, THOMAS A NAME 3530 KRAFT ROAD STREET ADDRESS SUITE 300 CITY-ST-ZIP NAPLES, FL 34105	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<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. Macivor</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 4/24/07 Time: (234) 434-0600 <small>Date Daytime Phone #</small>		