


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90058 021 \*\*\*\*50.00

|  |  |                     |  |  |                     |
|--|--|---------------------|--|--|---------------------|
| <b>DOCUMENT # L05000005732</b><br>1. Entity Name<br><b>THE ADEMY GROUP, LLC</b>  |  |                     |  |   |                     |
| Principal Place of Business<br><b>1726 87TH TERRACE NORTH<br/>ST PETERSBURG, FL 33702-2147</b>   |  |                     | Mailing Address<br><b>1726 87TH TERRACE NORTH<br/>ST PETERSBURG, FL 33702-2147</b> |  |                     |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |  |                     |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc. |  |  |                     |
| City & State   |  | City & State        |  |  |                     |
| Zip  | Country  | Zip                 | Country  |  |                     |
| 6. Name and Address of Current Registered Agent  |  |                     |  | 7. Name and Address of New Registered Agent  |                     |
| <b>ADEMY, GERALD P<br/>1726 87TH TERRACE NORTH<br/>ST PETERSBURG, FL 33702-2147</b>  |  |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____  |  |                     |  |  |                     |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |  |                     |  | <b>Make check payable to<br/>Florida Department of State</b>   |                     |
| 9. MANAGING MEMBERS/MANAGERS   |  |                     | 10. ADDITIONS/CHANGES  |  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGR<br/>ADEMY, GERALD P<br/>1726 87TH TERRACE NORTH<br/>ST PETERSBURG, FL 337022147</b> <input type="checkbox"/> Delete |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |                     |  |  |                     |
| <b>SIGNATURE:</b> <u><i>Gerard P. Q.</i></u>   |  |                     | <u>1/15/06</u>   |  | <u>727-579-8999</u> |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                     | Date   |  | Daytime Phone #     |