


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-29-2006 90018 021 ****50.00

DOCUMENT # L05000019279					
1. Entity Name ADAM, LLC					
Principal Place of Business 1873 PINE BAY DRIVE LAKE MARY, FL 32746			Mailing Address 1873 PINE BAY DRIVE LAKE MARY, FL 32746		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	02222006 Chg-LLC CR2E083 (11/05)	
4. FEI Number 20-2416499				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
8. Name and Address of Current Registered Agent HARRISON, ANDREW 1873 PINE BAY DRIVE LAKE MARY, FL 32746			7. Name and Address of New Registered Agent Name DIANA FAY HARRISON Street Address (P.O. Box Number is Not Acceptable) 1873 PINE BAY DRIVE City LAKE MARY FL Zip Code 32746		
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 <i>Diana Fay Harrison</i>			DATE 3/25/06		
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	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, ANDREW		NAME		
STREET ADDRESS	1873 PINE BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARRISON, DIANA		NAME		
STREET ADDRESS	1873 PINE BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY, FL 32746		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCEVOY, ARTHUR		NAME		
STREET ADDRESS	89 PARTRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORTLAND, ME 04102		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCEVOY, MARTHA		NAME		
STREET ADDRESS	89 PARTRIDGE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORTLAND, ME 04102		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 606, Florida Statutes.					
SIGNATURE: <i>Martha B. McEvoy</i>			DATE: 3/25/06 207773-4738		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					