## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Apr 04, 2007 8:00 am Secretary of State **DOCUMENT # L05000019279** 1. Entity Name 04-04-2007 90038 030 \*\*\*\*50.00 ADAM, LLC Principal Place of Business Mailing Address 1873 PINE BAY DRIVE 1873 PINE BAY DRIVE 60032221 LAKE MARY, FL 32746 LAKE MARY, FL 32746 2. Principal Place of Business - No P.O. Box # Mailing Address pyglass Crede 03242007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For HUL A 20-2416499 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired П 32034 ρ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HARRISON, DIANA F Street Address (P.O. Box Number is Not Acceptable) 1873 PINE BAY DRIVE LAKE MARY, FL 32746 City Zip Code 8. The above named entity submits this statement/or 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 Marveson **SIGNATURE** (NOTE: Registered Agent aignature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HARRISON, DIANA NAME NAME STREET ADDRESS 1873 PINE BAY DRIVE STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 CITY-ST-7IP MGR TITLE ☐ Delete TITLE ☐ Change Addition MCEVOY, ARTHUR NAME NAME STREET ADDRESS 89 PARTRIDGE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORTLAND, ME 04102 TITLE Delete TITLE ☐ Change Addition MCEVOY, MARTHA NAME NAME 89 PARTRIDGE CIRCLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP PORTLAND, ME 04102 CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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. OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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