


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 28, 2008 8:00 am**  
**Secretary of State**

02-28-2008 90104 019 \*\*\*138.75

<b>DOCUMENT # L05000019279</b> 1. Entity Name <b>ADAM, LLC</b>					
Principal Place of Business <b>6547 SPYGLASS CIRCLE AMELIA ISLAND, FL 32034</b>			Mailing Address <b>6547 SPYGLASS CIRCLE AMELIA ISLAND, FL 32034</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-2416499</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HARRISON, DIANA F 1873 PINE BAY DRIVE LAKE MARY, FL 32746</b>			7. Name and Address of New Registered Agent Name <b>DIANA F HARRISON</b> Street Address (P.O. Box Number is Not Acceptable) <b>6547 Spyglass Circle</b> City <b>Amelia Island</b> <b>FL</b> Zip Code <b>32034</b>		
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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRISON, DIANA 1873 PINE BAY DRIVE LAKE MARY, FL 32746	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, ARTHUR 89 PARTRIDGE CIRCLE PORTLAND, ME 04102	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, MARTHA 89 PARTRIDGE CIRCLE PORTLAND, ME 04102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, ARTHUR 89 PARTRIDGE CIRCLE PORTLAND, ME 04102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, ARTHUR 89 PARTRIDGE CIRCLE PORTLAND, ME 04102	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCEVOY, ARTHUR 89 PARTRIDGE CIRCLE PORTLAND, ME 04102	<input type="checkbox"/> Delete			
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>Diana Fay Harrison</u>			<u>2/18/2008</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		