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May 07, 2007 8:00 am
Secretary of State
03-20-2007 90147 022 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000022152

1. Entity Name
ADCC, LLC

30007067

Principal Place of Business	Mailing Address
3463 HIGH RIDGE RD BOYNTON BEACH, FL 33426 US	3463 HIGH RIDGE RD BOYNTON BEACH, FL 33426 US

02192007No Chg-LLC CR2E083 (11/05)

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4. FEI Number
20-2555589
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LYON, JAMES B ESQ
3300 UNIVERSITY DRIVE
SUITE 802
CORAL SPRINGS, FL 33065

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $60.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM managing member
NAME	BUTLER, PAMELA
STREET ADDRESS	7970 MONARCH COURT
CITY-ST-ZIP	DELRAY BEACH, FL 33446
TITLE	Member
NAME	Butler William David
STREET ADDRESS	7970 Monarch Ct
CITY-ST-ZIP	Delray Beach FL 33446
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

← Delete per conversation w/ Marsha 5-1-07

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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: Pamela S. Butler Manager 3-7-07 5612029912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #