


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90119 042 ***138.75

DOCUMENT # L05000029627		
1. Entity Name ADONIDIA LLC		

Principal Place of Business 12431 ANTILLE DR BOCA RATON, FL 33428 US	Mailing Address 12431 ANTILLE DR BOCA RATON, FL 33428 US
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2. Principal Place of Business - No P.O. Box # 6560 Park Lane W	3. Mailing Address 6560 Park Lane W
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth FL	City & State Lake Worth FL
Zip 33449	Country Palm Beach

60002733



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2562577	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHWARTZ, DEREK A PA 2885 EXECUTIVE CENTER DR SUITE 190 BOCA RATON, FL 33431	
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7. Name and Address of New Registered Agent Name Nancy Cabezas Street Address (P.O. Box Number is Not Acceptable) 6560 Park Lane W City Lake Worth FL Zip Code 33449	
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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 <u><i>Nancy Cabezas</i></u> DATE <u><i>1/16/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABEZAS, NANCY 12431 ANTILLE DR BOCA RATON, FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Cabezas Nancy 6560 Park Lane W Lake Worth FL 33449 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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. SIGNATURE: <u><i>Nancy Cabezas</i></u> DATE <u><i>1/16/08</i></u> DAYTIME PHONE # <u><i>561 921 0064</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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