

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043440

FILED
May 02, 2007
Secretary of State

Entity Name: ADC PROPERTY MANAGEMENT LLC

Current Principal Place of Business:

4800 MAPLEWOOD DRIVE, SUITE 3
JUPITER, FL 33458

New Principal Place of Business:

6664 149TH PL N
PALM BEACH GARDENS, FL 33418

Current Mailing Address:

4800 MAPLEWOOD DRIVE, SUITE 3
JUPITER, FL 33458

New Mailing Address:

6664 149TH PL N
PALM BEACH GARDENS, FL 33418

FEI Number: 56-2511772 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DESORMIER-CARTWRIGHT, ANNE ESQ.
4800 MAPLEWOOD DRIVE, SUITE 3
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

DESORMIER-CARTWRIGHT, ANNE ESQ.
480 MAPLEWOOD DRIVE
SUITE 3
JUPITER, FL 33458 US

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.

SIGNATURE: ANNE DESORMIER-CARTWRIGHT

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DESORMIER-CARTWRIGHT, ANNE
Address: 4800 MAPLEWOOD DRIVE, SUITE 3
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DESORMIER-CARTWRIGHT, ANNE
Address: 6664 149TH PL N
City-St-Zip: PALM BEACH GARDENS, FL 33418

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANNE DESORMIER-CARTWRIGHT

MGRM

05/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date