2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2007
Secretary of State

DOCUMENT# L05000070924

Entity Name: HANS ADAM & ASSOCIATES LLC

Current Principal Place of Business:

151 SE 15TH RD VOGELER 2102
MIAMI, FL 33129

New Principal Place of Business:

Current Mailing Address:

151 SE 15TH RD VOGELER 2102
MIAMI, FL 33129

New Mailing Address:

4984 NW 97TH PL
DORAL, FL 33178

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAM, HANS E
151 SE 15TH RD VOGELER 2102
MIAMI, FL 33129 US

Name and Address of New Registered Agent:

ADAM, HANS E
4984 NW 97TH PL
DORAL, FL 33178 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: HANS E ADAM 04/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ADAM, HANS E
Address: 151 SE 15TH RD VOGELER 2102
City-St-Zip: MIAMI, FL 33129

Title: MGRM ( ) Delete
Name: PIMENTEKL DE ADAM, ALICIA J
Address: 151 SE 15TH RD VOGELER 2102
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ADAM, HANS E DIRECTO
Address: 4984 NW 97TH PL
City-St-Zip: DORAL, FL 33178

Title: MGRM (X) Change ( ) Addition
Name: PIMENTEL DE ADAM, ALICIA J DIRECTO
Address: 4984 NW 97TH PL
City-St-Zip: DORAL, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the 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: HANS E ADAM MR 04/08/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date