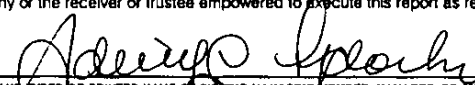


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L05000093058		 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS OCT 31 PM 4:56	
1. Entity Name ADE NEZ REAL ESTATE LLC Ph. 772 873 8558		Principal Place of Business 6765 SW 39 CT DAVE, FL 33314 US	
Mailing Address 6765 SW 39 CT DAVE, FL 33314 US		2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 452 N.W. Dover Ct. Port St. Lucie - FL 34983	
4. FEI Number 59-3819128		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04282006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SYDORKO, ADEINEZ C 6765 SW 39 CT DAVE, FL 33314 Adelinez Sydorbo 452 NW DOVER CT P.S.L - FL 34983		7. Name and Address of New Registered Agent Name: Adelinez Sydorbo Street Address (P.O. Box Number is Not Acceptable): 452 NW DOVER CT City: P.S.L. FL Zip Code: 34983	
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 _____			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS TITLE: _____ NAME: Adeinez Sydorbo STREET ADDRESS: 452 NW DOVER CT CITY-ST-ZIP: Port St. Lucie, FL 34983-3414		10. ADDITIONS/CHANGES 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: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	
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: 		Date: 08-15-06	

REINSTATEMENT 2006