

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107249

Entity Name: ADAM K. MCGINNIS P.L.L.C

FILED  
Aug 29, 2006  
Secretary of State

## Current Principal Place of Business:

4109 FAIRVIEW VISTA POINT  
#118  
ORLANDO, FL 32804

## New Principal Place of Business:

5055 S. US HWY 17/92  
CASSELBERRY, FL 32707

## Current Mailing Address:

4109 FAIRVIEW VISTA POINT  
#118  
ORLANDO, FL 32804

## New Mailing Address:

5055 S. US HWY 17/92  
CASSELBERRY, FL 32707

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:

MCGINNIS, ADAM K ESQUIRE  
4109 FAIRVIEW VISTA POINT  
#118  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

MCGINNIS, ADAM K ESQUIRE  
5055 S. US HWY 17/92  
CASSELBERRY, FL 32707 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: ADAM K. MCGINNIS

08/29/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: MCGINNIS, ADAM K ESQUIRE  
Address: 4109 FAIRVIEW VISTA POINT #118  
City-St-Zip: ORLANDO, FL 32804

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ADAM K. MCGINNIS

MGR

08/29/2006

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