2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mailing Address SUITE 201	DOCUMENT # L06000008077 1. Entity Name ADAM VORHIS ESQ. LLC							DIV	SCOUTTA	- UMBI	ORATIONS		
Debte Debt	20 W. UNIVERSITY AVE SUITE 201			20 W. UNIVERSITY AVE SUITE 201					1 51 111 5 1111 53 111				
City & State	20 W. University Ave Suite, Apt. #, etc.			20 W. University Suite, Apt. #, etc.		Ave	_	01052007	Chg-LL		CR2E083 (12/0	06)	
Stoch Stoc	City & State			City & State	FL	,			7		+		
S. Name and Address of Current Registered Agent VORHIS, ADAM VORHIS, ADAM Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 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 Signature, right or primar rane of registered agent. Filling Fee is \$50.00 Due by May 1, 2007 Filling Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/OHANGES Filling Fee is \$50.00 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/OHANGES 1	Zip	01	USA	32601	Count	SA		5. Certificate	of Status De	sired			nal
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zio Code 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 Signature, typed or person have or vegored agent and life if applicable. (POII: Registeric Agent agents regulate vegorities regulate vegoritie		6. Name	and Address of Current R	egistered Agent				7. Name and	d Address of	New Reg	stered Agent		
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2007 Du	20 W. UNI					(P.O. Box Number is Not Acceptable)							
the obligations of registered agent. Signature Si						City					FL Zip (Code	
Filing Foo is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 17ITE MGR VORHIS, ADAM 20 W. UNIVERSITY AVE, SUITE 201 GAINESVILLE, FL 32601 17ITE NAME STREET ADDRESS CITY-ST-2P 17ITE NAME STR				the purpose of changing its r	registere	ed office or	registere	ed agent, or bo	oth, in the Stat	e of Florid	a. I am familiar v	vith, and	daccept
9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES 1012	SIGNATURE .	Signature, typed o											
TITLE MGR			or printed name of registered agent an	o title it applicable. (NOTE:	: Høgistered	d Agent signatu	ne required	when reinstating)			DATE		
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11. Thereby certify that the information symplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further continue the information	9. HITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MGR VORHIS, A	S \$50.00 1, 2007 MANAGING MEMBER ADAM VERSITY AVE, SUITE 2	S/MANAGERS Delete 201 Delete Delete	10. TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE STREE STREE STREE	E ET ADDRESS - ST- ZIP E ET ADDRESS - ST- ZIP	MG TOG CO MGN Ada Zo	R hua Si w. Uni resuille m. Uni nesuille	ADDI	Florida D Florid	Changes HANGES Changes	ge [ge [] ge [] ge []	Addition Addition

imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

| 1/14/07 (352)337-8373