


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 16 AM 9:14

<b>DOCUMENT # L06000008077</b> 1. Entity Name ADAM VORHIS ESQ. LLC	
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Principal Place of Business 20 W. UNIVERSITY AVE SUITE 201 GAINESVILLE, FL 32601	Mailing Address 20 W. UNIVERSITY AVE SUITE 201 GAINESVILLE, FL 32601
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2. Principal Place of Business - No P.O. Box # <i>20 W. University Ave</i>	3. Mailing Address <i>20 W. University Ave</i>	Suite, Apt. #, etc. <i>202</i>
City & State <i>Gainesville FL</i>	City & State <i>Gainesville FL</i>	Zip <i>32601</i>
Country <i>USA</i>	Country <i>USA</i>	4. FEI Number <i>65-1266367</i>



01052007	Chg-LLC	CR2E083 (12/06)
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	Applied For <input type="checkbox"/> Not Applicable

**6. Name and Address of Current Registered Agent**

VORHIS, ADAM  
 20 W. UNIVERSITY AVE., SUITE 202  
 GAINESVILLE, FL 32601

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	VORHIS, ADAM
STREET ADDRESS	20 W. UNIVERSITY AVE, SUITE 201
CITY-ST-ZIP	GAINESVILLE, FL 32601
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joshua Silverman
STREET ADDRESS	20 W. University Ave # 202
CITY-ST-ZIP	Gainesville FL 32601
TITLE	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Adam Vorhis
STREET ADDRESS	20 W. University Ave # 202
CITY-ST-ZIP	Gainesville FL 32601
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Adam Vorhis 1/14/07 (352) 337-8373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #