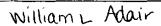
2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 02-12-2008 90066 026 ***138.75 DOCUMENT # L06000011373 WILLIAM L. ADAIR, LLC Principal Place of Business Mailing Address 30001871. 36146 ADAIR ROAD P.O. BOX 1789 DADE CITY, FL 33525 DADE CITY, FL 33526 01082008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-4139073 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent ADAIR, WILLIAM L DO NOT WRITE 30304 LAURELWOOD LANE WESLEY CHAPEL, FL 33543 IN THIS SPACE 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 SIGNATURE _______ Signature, typed or printed name of registered agent and title if applicable. (NOTE; Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGR THLE ADAIR, WILLIAM L NAME STREET ADDRESS 30304 LAURELWOOD LANE CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-SI-ZP_. TITLE IN THIS SPACE MME STREET ADDRESS CITY-ST-ZIP lin F STREET ADDRESS CITY-ST-ZP ШL NAME STREET ADDRESS 11. I hereby certify that the information supplied with this filling 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 their 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.

FILED Mar 12, 2008 8:00 am



SIGNATURE