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May 25, 2007 8:00 am
Secretary of State

05-01-2007 90332 045 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011898

1. Entity Name
ADAGIO TECHNOLOGIES, LLC

04302007 Chg-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
112 N. EAST STREET SUITE B TAMPA, FL 33602	1908 ROFFE ROAD PARK CITY, UT 84098

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2240 Belleair Rd	2240 Belleair Rd
Suite, Apt. #, etc. Suite 190	Suite, Apt. #, etc. Suite 190
City & State Clearwater, FL	City & State Clearwater FL
Zip 33764 Country US	Zip 33764 Country US

4. FEI Number 59-3484311 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LUKE CHARLES LIROT, P.A. 112 N. EAST STREET SUITE B TAMPA, FL 33602	Name Luke Charles Lirot P.A. Street Address (P.O. Box Number is Not Acceptable) 2240 Belleair Rd Suite 190 City Clearwater FL Zip Code 33764

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] Luke Lirot 4-30-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GEDDES, JEFF 1908 ROFFE ROAD PARK CITY, UT 84098	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Luke Lirot 2240 Belleair Rd, Suite 190 Clearwater, FL 33764	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM WHITEHEAD, DOUG 1908 ROFFE ROAD PARK CITY, UT 84098	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 [signature] 4.30.07 (727) 536-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #