

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

S/I

05-01-2007 90332 044 ****50.00

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|--|---|--|--|--|---|
| DOCUMENT # L06000011901 1. Entity Name ADAGIO PRODUCTS, LLC | | | | | |
| Principal Place of Business 112 N. EAST STREET SUITE B TAMPA, FL 33602 | | | Mailing Address 1908 ROFFE ROAD PARK CITY, UT 84098 | | |
| 2. Principal Place of Business - No P.O. Box # 2240 Bellear Rd | | 3. Mailing Address 2240 Bellear Rd | | | |
| Suite, Apt. #, etc. 190 | | Suite, Apt. #, etc. 190 | | | |
| City & State Clearwater, FL | | City & State Clearwater, FL | | | |
| Zip 33764 | | Country US | | Zip 33764 | |
| Country US | | 4. FEI Number 59-3484311 | | | |
| 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 LUKE CHARLES LIROT, PA 112 N. EAST STREET SUITE B TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name Luke Charles Lirot, PA. Street Address (P.O. Box Number is Not Acceptable) 2240 Bellear Rd Suite 190 City Clearwater, FL | | |
| 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. | | | DATE 4-30-07 | | |
| SIGNATURE <i>Luke Lirot</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | DATE 4-30-07 | | |
| 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 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 |
| <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM WHITEHEAD, DOUG 1908 ROFFE ROAD PARK CITY, UT 84098 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Lirot, Luke C 2240 Bellear Rd, Suite 190 Clearwater, FL 33764 |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | | <input type="checkbox"/> Change <input type="checkbox"/> 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 <i>Luke Lirot</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE 4-30-07 | | |
| SIGNATURE <i>Luke Lirot</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE 4-30-07 | | |