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

05-01-2007 90332 043 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000011906

1. Entity Name
ADAGIO MANAGEMENT, LLC

30008863

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

04302007 Chg-LLC CR2E083 (12/06)

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, PA. 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 Lirot, Luke C 2240 Belleair Rd, Suite 190 Clearwater, FL 33764	☐ 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
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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 #