2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# L06000016243

Entity Name: ADO LLC

Current Principal Place of Business:

113 NE 12TH COURT
CAPE CORAL, FL 33909 US

New Principal Place of Business:

203 SW 16TH PLACE
CAPE CORAL, FL 33991 US

Current Mailing Address:

113 NE 12TH COURT
CAPE CORAL, FL 33909 US

New Mailing Address:

203 SW 16TH PLACE
CAPE CORAL, FL 33991 US

FEI Number: 20-4309239 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BONOMO, NADIA
113 NE 12TH COURT
CAPE CORAL, FL 33909 US

Name and Address of New Registered Agent:

BONOMO, NADIA
203 SW 16TH PLACE
CAPE CORAL, FL 33991 US

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.

SIGNATURE: 03/11/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BONOMO, NADIA
Address: 113 NE 12TH COURT
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGR ( ) Delete
Name: SILVESTRO, ALDO
Address: 113 NE 12TH COURT
City-St-Zip: CAPE CORAL, FL 33909 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BONOMO, NADIA
Address: 203 SW 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGR (X) Change ( ) Addition
Name: SILVESTRO, ALDO
Address: 203 SW 16TH PLACE
City-St-Zip: CAPE CORAL, FL 33991 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BONOMO NADIA MGR 03/11/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date