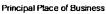
## 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L06000031985**

ALTÉRNATIVE DISPUTE RESOLUTION ASSOCIATES.



260 MAITLAND AVENUE

SUITE 1500

ALTAMONTE SPRINGS, FL 32701



Mailing Address

260 MAITLAND AVENUE

**SUITE 1500** 

ALTAMONTE SPRINGS, FL 32701

## **FILED** Jan 15, 2008 8:00 am **Secretary of State**

01-15-2008 90015 042 \*\*\*138.75



01102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERZAN, JOSEPH C 260 MAITLAND AVENUE **SUITE 1500** ALTAMONTE SPRINGS, FL 32701

## DO NOT WRITE 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 the obligations of registered agent.				
SIGNATURE				
GIGHATORES	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				
9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGR			
NAME	PERZAN, JOSEPH C			
STREET ADORESS	260 MAITLAND AVENUE, SUITE 1500			
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701			
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STREET ADORESS				
CITY-ST-ZIP				

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:

PERZAN JISEPH C. SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE