

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036553

FILED  
May 01, 2008  
Secretary of State

Entity Name: ADOBE BUILDING SYSTEMS, LLC

## Current Principal Place of Business:

2007 DARTMOUTH AVENUE  
WINTER PARK, FL 32789

## New Principal Place of Business:

550 W HAZEL STREET  
ORLANDO, FL 32804

## Current Mailing Address:

2007 DARTMOUTH AVENUE  
WINTER PARK, FL 32789

## New Mailing Address:

550 W HAZEL STREET  
ORLANDO, FL 32804

FEI Number: 20-4705685      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MOREY, LISA T  
2007 DARTMOUTH AVENUE  
WINTER PARK, FL 32789      US

## Name and Address of New Registered Agent:

MOREY, LISA T  
550 W HAZEL STREET  
ORLANDO, FL 32804      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: LISA T MOREY

05/01/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: MOREY, LISA T  
Address: 2007 DARTMOUTH AVENUE  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES:

Title: MGRM      (X) Change      ( ) Addition  
Name: MOREY, LISA T  
Address: 550 W HAZEL STREET  
City-St-Zip: ORLANDO, FL 32804

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: LISA T MOREY

MGRM

05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date