2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2007
Secretary of State

DOCUMENT# L06000057233

Entity Name: A & D ENTERPRISES, LLC

Current Principal Place of Business:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614

New Principal Place of Business:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614 US

Current Mailing Address:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614

New Mailing Address:

8861 CYPRESS HAMMOCK DRIVE
TAMPA, FL 33614 US

FEI Number: 20-5186365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SCHOEMAN, ABEL A
Address: 8861 CYPRESS HAMMOCK DRIVE
City-St-Zip: TAMPA, FL 33614

Title: MGRM ( ) Delete
Name: SCHOEMAN, DEBORAH L
Address: 8861 CYPRESS HAMMOCK DRIVE
City-St-Zip: TAMPA, FL 33614

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ABEL SCHOEMAN MR. 01/30/2007

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