

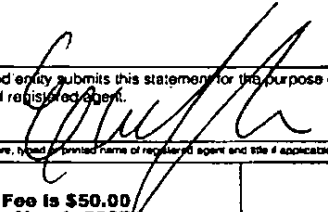
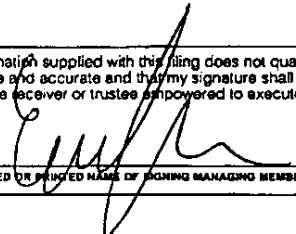
FILED
Jun 29, 2007 8:00 am
Secretary of State

05-02-2007 90347 033 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

57

30011357

DOCUMENT # L06000059679			
1. Entity Name ADC INVESTMENT LLC			
Principal Place of Business 11257 NW 62 TER DORAL, FL 33178		Mailing Address 11257 NW 62 TER DORAL, FL 33178	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. EEL Number 0-5027986		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04262007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent QUIK GROUP CORPORATION 1711 SW 154 PATH MIAMI, FL 33185		7. Name and Address of New Registered Agent Name: Tax Management Svc Corp Street Address (P.O. Box Number is Not Acceptable): 7955 NW 12 Street 400 City: Miami FL Zip Code: 33126	
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: 		DATE: 4/25/07	
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	MGR ARAU, FERNANDO A JR 11257 NW 62 TERRACE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARAU, OLDAIR 11257 NW 62 TERRACE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IZQUIERDO, ROSALINDA 11257 NW 62 TERRACE DORAL, FL 33178 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARAU, FERNANDO SR 11257 NW 62 TERRACE DORAL, FL 33178 ☐ 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
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: 		Date: 4/25/07 305 470 7504	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	