



FILED
May 16, 2007 8:00 am
Secretary of State

4/

04-26-2007 90037 028 ***150.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | |
|--|-----------------------|---------------------------------|---|---|---|
| DOCUMENT # L06000082977 | | | |  | |
| 1. Entity Name ADH DEVELOPMENT, LLC | | | | | |
| Principal Place of Business 4438 LAFAYETTE STREET MARIANNA, FL 32446 US | | | Mailing Address 4438 LAFAYETTE STREET MARIANNA, FL 32446 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 04172007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-5884488 | |
| | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BAKER, FRANK A 4431 LAFAYETTE STREET MARIANNA, FL 32446 | | | Name | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | City | | |
| | | | FL Zip Code | | |
| 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 _____ <small>Signature, typed or printed name of registered agent, and state if applicable (NOTE: Registered Agent signature required when remaining)</small> | | | | | |
| 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 | MGRM HARKINS, ALLEN D | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 4438 LAFAYETTE STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MARIANNA, FL 32446 | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Delete | TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
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| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | Allen Harkins | | 4/17/07 850-526-3300 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date | | Daytime Phone # | |

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