



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90218 007 ****50.00

DOCUMENT # L06000095397 1. Entity Name ADRIENNE, LLC						
Principal Place of Business 3779 WESTOVER ROAD ORANGE PARK, FL 32003			Mailing Address 3779 WESTOVER ROAD ORANGE PARK, FL 32003			
2. Principal Place of Business - No P.O. Box # 636 Kingsley Avenue		3. Mailing Address 636 Kingsley Avenue		60015444 		
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01302007 Chg-LLC CR2E083 (12/06)		
City & State Orange Park, FL		City & State Orange Park, FL		4. FEI Number 20-5618924		
Zip 32073		Country USA		Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent FLORIDAGENT.COM, INC. 1543 KINGSLEY AVENUE BLDG. 5 ORANGE PARK, FL 32073			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____						
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	MGRM WELCH, PAMELA A 3779 WESTOVER ROAD ORANGE PARK, FL 32073		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 636 Kingsley Avenue Orange Park, FL 32073	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Pamela A. Welch</u> Pamela A. Welch 2/11/07 (904) 215-2910						