

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000100551

FILED
Sep 11, 2008
Secretary of State

Entity Name: ADMIL LLC

Current Principal Place of Business:

10480 SE 101ST AVE RD
BELLEVIEW, FL 34420

New Principal Place of Business:

889 52ND AVE
OCALA, FL 34470

Current Mailing Address:

P.O. BOX 2021
LADY LAKE, FL 33158

New Mailing Address:

4105 NE 7TH ST
OCALA, FL 34470

FEI Number: 03-0608367

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KORVER, REBECCA K
10480 SE 101ST AVE RD
BELLEVIEW, FL 34420 US

Name and Address of New Registered Agent:

KMA PROPERTIES LLC
889 52ND AVE
OCALA, FL 34470 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: PATRICIA GALINAT

09/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KORVER, REBECCA K
Address: 10480 SE 101ST AVE RD
City-St-Zip: BELLEVIEW, FL 34420

Title: MGRM () Delete
Name: EXODUS XII INC.,
Address: 35212 E SILVER SPRINGS BLVD PMB 89
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KMA PROPERTIES LLC,
Address: 889 52ND AVE
City-St-Zip: OCALA, FL 34470 US

Title: MGRM (X) Change () Addition
Name: HUNTER, NICOLE
Address: 4105 NE 7 TH ST
City-St-Zip: OCALA, FL 34470 US

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: NICOLE HUNTER

MGRM

09/11/2008

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