

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101548

FILED
May 01, 2007
Secretary of State

Entity Name: ADA HOME INVENTORY SOLUTIONS LLC

Current Principal Place of Business:

1283 FRUITLAND AVE
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

1283 FRUITLAND AVE
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLESPIE, DAWN
1283 FRUITLAND AVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

ANDERSON, DAWN M
1283 FRUITLAND AVE
CLEARWATER, FL 33764 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: DAWN M. ANDERSON

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ANDERSON, ADAM
Address: 1283 FRUITLAND AVE
City-St-Zip: CLEARWATER, FL 33764

Title: MGRM () Delete
Name: GILLESPIE, DAWN
Address: 1283 FRUITLAND AVE
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ANDERSON, DAWN M
Address: 1283 FRUITLAND AVE
City-St-Zip: CLEARWATER, FL 33764

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: DAWN M. ANDERSON

MGRM

05/01/2007

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