2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# L07000001414

Entity Name: ADS DEVELOPMENT LLC

Current Principal Place of Business:

11796 METRO PARKWAY, STE C
FORT MYERS, FL 33966

New Principal Place of Business:

Current Mailing Address:

11796 METRO PARKWAY, STE C
FORT MYERS, FL 33966

New Mailing Address:

FEI Number: 20-8163214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLADSTEIN, ANDREW R
11796 METRO PARKWAY, STE C
FORT MYERS, FL 33966 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GLADSTEIN, ANDREW R
Address: 5338 COLONY CT.
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM ( ) Delete
Name: MAGNER, STEVEN J
Address: 8230 HUNTERS GLEN CIR
City-St-Zip: N FORT MYERS, FL 33917

Title: MGRM ( ) Delete
Name: VIDUSSI, DON
Address: 10032 FOREST RIVER LN
City-St-Zip: FORT MYERS, FL 33908

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLADSTEIN, ANDREW R
Address: 1939 ELK SPRINGS WAY
City-St-Zip: GATLINBURG, TN 37738

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

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

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: STEVEN J. MAGNER MGRM 04/28/2009

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