

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005229

FILED
Jan 31, 2008
Secretary of State

Entity Name: ADC OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

% ATLMAN DEVELOPMENT CORPORATION
1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

New Principal Place of Business:

C/O ALTMAN DEVELOPMENT CORPORATION
1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

Current Mailing Address:

% ATLMAN DEVELOPMENT CORPORATION
1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

New Mailing Address:

C/O ALTMAN DEVELOPMENT CORPORATION
1515 S. FEDERAL HIGHWAY, SUITE 300
BOCA RATON, FL 33432

FEI Number: 51-0617304

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY A. DEUTCH P.A.
7777 GLADES ROAD, SUITE 300
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

JEFFREY A. DEUTCH P.A.
7777 GLADES ROAD
SUITE 300
BOCA RATON, FL 33434 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:

01/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: ALTMAN DEVELOPMENT C, ORPORATION
Address: 1515 S FEDERAL HIGHWAY, SUITE 300
City-St-Zip: BOCA RATON, FL 33432

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: JEFFERY A. ROBERTS

P

01/31/2008

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