

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90124 037 ***138.75

DOCUMENT # L07000021573 1. Entity Name ADG3 LLC					
Principal Place of Business 256 U. S. HWY 90, E DEFUNIAK SPRINGS, FL 32435			Mailing Address 190 MEADOWBROOK LANE DEFUNIAK SPRINGS, FL 32435		
2. Principal Place of Business - No P.O. Box # 782 Baldwin Ave		3. Mailing Address Same as Above			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Defuniak Springs, FL		City & State 		4. FEI Number 20-8525891	
Zip 32435		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GRAMLEY, FOYE B 190 MEADOWBROOK LANE DEFUNIAK SPRINGS, FL 32435			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u><i>Foye B. Gramley</i></u> (NOTE: Registered Agent signature required when re-registering) DATE <u><i>April 22, 2008</i></u>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAMLEY, FOYE B 190 MEADOWBROOK LANE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAMLEY, ROBERT W 190 MEADOWBROOK LANE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRAMLEY, Alysia D 190 MEADOWBROOK LANE DEFUNIAK SPRINGS, FL 32435	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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><i>Foye B. Gramley</i></u> DATE <u><i>April 22, 2008</i></u> DAYTIME PHONE # <u><i>850 892-2093</i></u>		