## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000061255

Name:

Address:

City-St-Zip:

162 WALNUT STREET

LYNBROOK, NY 11563

Entity Name: ADAMS STREET DEVELOPMENT LLC

**FILED** Feb 25, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 809 SOUTH 17TH AVENUE 1719 ADAMS STREET HOLLYWOOD, FL 33020 HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** 809 SOUTH 17TH AVENUE HOLLYWOOD, FL 33020 FEI Number: 06-1818268 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHNSTON, HUNTER 809 SOUTH 17TH AVENUE HOLLYWOOD, FL 33020 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete JOHNSTON, HUNTER Name: Name: 809 SOUTH 17TH AVENUE Address: Address: HOLLYWOOD, FL 33020 City-St-Zip: City-St-Zip: Title: MGRM Title: MGRM (X) Change ( ) Addition ( ) Delete Name: RAFFERTY, JAMES Name: RAFFERTY, JAMES Address: 405 WEST 23RD STREET, APT.4E Address: 57 RUGBY ROAD City-St-Zip: NEW YORK, NY 10011 City-St-Zip: MANHASSET, NY 11030 Title: MGRM () Delete Title: () Change () Addition FRACCHIA, MARY Name: Name: 420 EAST 72ND STREET, APT.17J Address: Address: City-St-Zip: NEW YORK, NY 10021 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition ACTISDANO, STEVE

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.

Name:

Address:

City-St-Zip:

SIGNATURE: HUNTER JOHNSTON 02/25/2009