

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90016 003 ***138.75

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|--|--|---|---|---|--|
| DOCUMENT # L07000065858 1. Entity Name ADZAK MANAGEMENT LLC | | | | | |
| Principal Place of Business 10120 MARSH PINE CIRCLE ORLANDO, FL 32832 | | | Mailing Address 10120 MARSH PINE CIRCLE ORLANDO, FL 32832 | | |
| 2. Principal Place of Business - No P.O. Box # 1549 CARILLON PARK DRIVE | | 3. Mailing Address 1549 CARILLON PARK DRIVE | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State OVIEDO FLORIDA | | City & State OVIEDO FLORIDA | | 4. FEI Number 75-3246964 | |
| Zip 32765 | | Country U.S.A. | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| Zip 32765 | | Country U.S.A. | | 01152008 Chg-LLC CR2E083 (12/06) | |
| 6. Name and Address of Current Registered Agent ROZYCKI, SCOTT 10120 MARSH PINE CIRCLE ORLANDO, FL 32832 | | | 7. Name and Address of New Registered Agent Name SMALLEY & COMPANY P.L. Street Address (P.O. Box Number is Not Acceptable) 1517 E. HILLCREST STREET City ORLANDO FL Zip Code 32803 | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE</small> | | | | | |
| 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 | MGR CUSWORTH, DAVID 10120 MARSH PINE CIRCLE ORLANDO, FL 32832 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1549 CARILLON PARK DRIVE OVIEDO FL 32765 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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>David Cusworth</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | |
| Date | | | | Daytime Phone # | |