

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124591

Entity Name: ADGN I, LLC

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

25013 HAYMAN ROAD  
BROOKSVILLE, FL 34602

## New Principal Place of Business:

1594 AUTUMN RD  
SPRING HILL, FL 34608

## Current Mailing Address:

25013 HAYMAN ROAD  
BROOKSVILLE, FL 34602

## New Mailing Address:

1594 AUTUMN RD  
SPRING HILL, FL 34608

FEI Number: 26-1577802

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DAVIS, ARNOLD  
25013 HAYMAN ROAD  
BROOKSVILLE, FL 34602 US

## Name and Address of New Registered Agent:

DAVIS, ARNOLD  
1594 AUTUMN RD  
SPRING HILL, FL 34608 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: ARNOLD DAVIS

04/28/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: DAVIS, ARNOLD  
Address: 25013 HAYMAN ROAD  
City-St-Zip: BROOKSVILLE, FL 34602

Title: MGRM ( ) Delete  
Name: NAWNOCKI, GARY  
Address: 1594 AUTUMN ROAD  
City-St-Zip: SPRING HILL, FL 34608

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: DAVIS, ARNOLD  
Address: 1594 AUTUMN RD  
City-St-Zip: SPRING HILL, FL 34608

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: ARNOLD DAVIS

MGRM

04/28/2009

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