2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # L95000000275

1. Entity Name
ADC INVESTMENT GROUP, L.C.

Principal Place of Business	Mailing Address
13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613	13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613

DO NOT WRITE IN THIS SPACE

03112004 No Chg-LLC CR2E083 (10/03)

4. FEI Number
59-3308179

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSS, JEREMY P
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required if filing separately)

Filing Fee is $50.00
Due by May 1, 2004

U00000094255
03/22/04 00051 020 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST ZIP	MEM BERSOT, ROBERT O 13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST ZIP	MEM AIRD, CECIL C 13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 605, Florida Statutes.

SIGNATURE: _____ 3/18/04 (813)9789496
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #