

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 13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613	Mailing Address 13905 BRUCE B. DOWNS BLVD. TAMPA, FL 33613
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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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IN THIS SPACE**

I, the above named entity, submit 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 my stored agent.

SIGNATURE _____ DATE _____
(Signature, dated or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when requested) (Date)

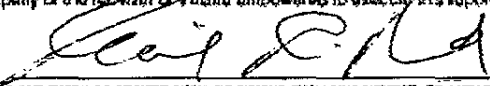
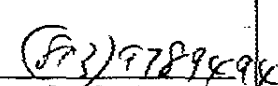
**Filing Fee is \$50.00
Due by May 1, 2004**

8. MANAGING MEMBERS/MANAGERS

TITLE MEM	NAME BERSOY, ROBERT O
STREET ADDRESS 13905 BRUCE B. DOWNS BLVD.	
CITY-STATE-ZIP TAMPA, FL 33613	
TITLE MEM	NAME AIRD, CECIL C
STREET ADDRESS 13905 BRUCE B. DOWNS BLVD.	
CITY-STATE-ZIP TAMPA, FL 33613	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption set forth in Section 119.07(3)(b), 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 authorized officer empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **3/18/04** 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE