

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000275

Entity Name: ADC INVESTMENT GROUP, L.C.

FILED
Jan 04, 2005
Secretary of State

Current Principal Place of Business:

13905 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Principal Place of Business:

13905 BRUCE B. DOWNS BLVD.
SUITE B
TAMPA, FL 33613

Current Mailing Address:

13905 BRUCE B. DOWNS BLVD.
TAMPA, FL 33613

New Mailing Address:

13905 BRUCE B. DOWNS BLVD.
SUITE B
TAMPA, FL 33613

FEI Number: 59-3308179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MEM () Delete
Name: BERSOT, ROBERT O
Address: 13905 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: MEM () Delete
Name: AIRD, CECIL C
Address: 13905 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BERSOT, ROBERT O
Address: 13905 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

Title: MGRM (X) Change () Addition
Name: AIRD, CECIL C
Address: 13905 BRUCE B. DOWNS BLVD.
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CECIL C. AIRD, M.D.

MGRM

01/04/2005

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