


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2008 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., SUITE B TAMPA, FL 33613	Mailing Address 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613



04232008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3308179	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
BIVINS, ROBERT W 1060 BLOOMINGDALE AVENUE VALRICO, FL 33594	DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000946615
05/30/08-80056-018 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AIRD, CECIL C 13905 BRUCE B. DOWNS BLVD., SUITE B TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERSOT, ROBERT 13905 BRUCE B. DOWNS BLVD., SUITE A TAMPA, FL 33613
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] 4/24/08 (813) 978 9494