## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L96000000560**

1. Entity Name

ADKINS REAL ESTATE HOLDINGS, L.L.C.



FILED Jan 24, 2008 08:00 AN Secretary of State

Principal Place of Business

4981 BACOPA LN SOUTH

SUITE 801

SAINT PETERSBURG, FL 33715

Mailing Address

4981 BACOPA LN SOUTH

**SUITE 801** 

SAINT PETERSBURG, FL 33715



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3358816 Applied For Not Applicable

5. Certificate of Status Desired

\$ \$! FA

\$5,00 Additional Fee Required

8. Name and Address of Current Registered Agent

ADKINS, VERNIS 4981 BACOPA LN SOUTH SUITE 801 SAINT PETERSBURG, FL 33715

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FILE	E NOWIII FEE IS \$138.75			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
SIGNATURE				
	ations of registered agent.		•	
<ul> <li>B. 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</li> </ul>				

## File NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ADKINS, VERNIS 4981 BACOPA LN SOUTH SUITE 801 SAINT PETERSBURG, FL 33715		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby	11. I hereby certify that the information supplied with this filing does not qualify for the ex		

U00000796150 01/29/08:80021-013 143.75

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** 

BIGHATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #