

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L96000000947

1. Entity Name  
ADIRONDACK HOLDING CO. L.C.



Principal Place of Business  
9901 ALAMBRA AVENUE  
TAMPA, FL 33619

Mailing Address  
9901 ALAMBRA AVENUE  
TAMPA, FL 33619

**FILED**  
**Apr 14, 2006 08:00 AM**  
**Secretary of State**



01112006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3385876

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

HORNER, DENNIS  
9901 ALAMBRA AVENUE  
TAMPA, FL 33619

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

U00000510689^M  
04/29/06-80017-007 50.00^M

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	TAUBE, FRED
STREET ADDRESS	9901 ALAMBRA AVENUE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	MGRM
NAME	HORNER, DENNIS
STREET ADDRESS	9901 ALAMBRA AVENUE
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

2/21/06 E13C28 B920

Date

Daytime Phone #