

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90027 044 \*\*\*\*50.00

**DOCUMENT # L99000002005**

1. Entity Name

**ADASTAR, L.L.C.**



Principal Place of Business

**6175 CLARK CENTER AVE.  
SARASOTA FL 34238**

Mailing Address

**1605 N. CEDAR CREST BLVD., STE. #508  
ALLENTOWN PA 18104**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0909790**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BETTERTON, GREG A ESQ  
915 S. TAMiami TRAIL  
NOKOMIS FL 34275**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **COLLIER, PHILLIP V**  
STREET ADDRESS **8365 SHADOW PINE WAY**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **THE ANDESA COMPANIES**  
STREET ADDRESS **1605 N. CEDAR CREST BLVD., STE. 508**  
CITY-ST-ZIP **ALLENTOWN PA 18104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **THE COCHLAN ORGANIZATION**  
STREET ADDRESS **TWO PRUDENTIAL PLAZA, SUITE #980**  
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **THE PENDLETON CORPORATION**  
STREET ADDRESS **6800 PARAGON PLACE, SUITE 234**  
CITY-ST-ZIP **RICHMOND VA 23230**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MEM** ☐ Delete  
NAME **COLLIER TECHNOLOGY GROUP**  
STREET ADDRESS **8365 SHADOW PINE WAY**  
CITY-ST-ZIP **SARASOTA FL 34238**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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 REQUIRED**

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

Date

Daytime Phone #

1/30/03

610 821 8650

CR2E083 (10/02)