2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# L99000003768

Entity Name: ADA HOLDINGS, LLC

Current Principal Place of Business:

C/O CHRISTOPHER ANGELO, CPA
11005 N. DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

C/O CHRISTOPHER ANGELO, CPA
11005 N. DALE MABRY HWY
TAMPA, FL 33618

New Mailing Address:

FEI Number: 59-3584317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANGELO, CHRISTOPHER
11005 N. DALE MABRY HWY
TAMPA, FL 33618 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:	MGR	( ) Delete
Name:	ANGELO, NICKOLAS P	
Address:	14502 NETTLECREEK RD.	
City-St-Zip:	TAMPA, FL 33624	
Title:	MGR	( ) Delete
Name:	DOWDY, MICHAEL	
Address:	12029 WANDSWORTH DR.	
City-St-Zip:	TAMPA, FL 32626	
Title:	MGRM	( ) Delete
Name:	ANGELO, CHRISTOPHER	
Address:	4415 CARROLLWOOD VILLAGE DR.	
City-St-Zip:	TAMPA, FL 33624	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CHRISTOPHER ANGELO MGRM 01/10/2005

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