


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 040 ****50.00

DOCUMENT # L99000005285					
1. Entity Name ADTI, L.C.					
Principal Place of Business 731 N GARLAND AVENUE ORLANDO, FL 32801-1002			Mailing Address 731 N GARLAND AVENUE ORLANDO, FL 32801-1002		
2. Principal Place of Business - No P.O. Box # 422 W. Fairbanks Ave.		3. Mailing Address 422 W. Fairbanks Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Winter Park Florida		City & State Winter Park Florida		4. FEI Number 59-3592636	
Zip 32789-5079		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				05092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent WHITMORE, KENNETH N 731 N GARLAND AVENUE ORLANDO, FL 32801-1002			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMORE, KENNETH N 731 N GARLAND AVENUE ORLANDO, FL 328011002	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WHITMORE, LYNNE H 731 N GARLAND AVENUE ORLANDO, FL 328011002	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Reh [Signature]</u> Date: <u>5/17/07</u> Daytime Phone #: <u>407-839-1980</u>		